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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026282 (9) V.L.A. TRUCKING, INC. Principal Place of Business Mailing Address 294 GATLING COURT 294 GATLING COURT WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-2847 3. Date Incorporated or Qualified 3a, Date of Last Report 03/20/1996 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CESPEDES, LUIS C 294 GATLING COURT 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33415 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,8502 and 607,1508 Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Honga Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am typiniac with, and accept the option 607,0505, Florida Statutes. eg gent and title I applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition THEF CESPEDES, LUIS C NAME 1.2 NAME 294 GATLING COURT STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33415 1.4 CITY - ST - ZIP CI1Y-ST-21P DELETE Change Addition THILE 2.1 TITLE CESPEDES, GLADYS L NAME 2.2 NAME 294 GATLING COURT 2.3 STREET ADORESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CHY - S1 - 20P 3.4. CITY - ST- ZIP DELETE 41 TITLE Change Addition TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7:P 4.4 CHY-S1-ZIP DELETE Change Addition THILE 51 TITLE NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET AUDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or director of the corporation of the c

SIGNING OFFICER OR DIRECTOR

FILED
Apr 07 1997 8:00am
Secretary of State

Daytime Phone #