SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 🕻. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050486 (5)

LEONZI JONES TRUCKING INC.

Principal Place of Business Mailing Address

8500 B. W 22ND AVENUE 8500 B. W 22ND AVENUE
MIAMI FL 33142 MIAMI FL 33142

FILED Aug 11 1998 8:00am Secretary of State



MIAMI FL 33142		MIAMI FL 33142				DO NOT WRITE IN THIS 8PA	CE
						3. Date Incorporated or Qualified 06/13/1996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21	<u>-</u>	26				65-0683717	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S	8.75 Additional Fee Required
City & State	в	City & State	ty & State				5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	C ou	ntry		R. This corporation owes or has paid the current Personal Property Tax due June 30. Ye	
	9. Name and Address of Curren	~~				10. Name and Address of New Registered Ager	ıt
JON	ES, LEONZI			81	Name		
8500 W 22ND AVENUE MIAMI FL 33142				62	Street /	Address (P.O. Box Number is Not Acceptable)	
turan	M 7 L 00172			83			
				84	City	FL ^{]85}	Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and little # applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	P	DELETE	1.1 Til	LE			Change Addition
NAME	JONES, LEONZI		1.2 NA	ME		:	
STREET ADDRESS	8500 N.W. 22 AVENUE		1,3 ST	REET	ADDRESS	Ž.	[]
CITY-ST-ZIP	MIAMI FL 33142		1.4 CI		-ZIP		
TITLE	S	DELETE	2.1 TIT	ſLΕ	l	ا أَبِياً ﴿	Change L. Addition
NAME	JONES, FLONNIE		2.2 NA	ME	ļ		
STREET ADDRESS				REET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		2.4 CI		-ZIP		
TITLE		DELETE	3.1 10			LJ (Change L Addition
NAME			3.2 NA]		
STREET ADDRESS					ADDRESS	1	
CITY-ST-ZIP			3.4 CI		-ZIP	·	
TITLE		DELETE	4.1 Til			ا ليا	Change Addition
NAME			4.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CI		ZIP	F1	
TITLE	DELETE			5.1 TITLE 5.2 NAME		ا ا	Change Addition
NAME							
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CI		-ZIP	<u> </u>	
TITLE		L] DELETE	6.1 TI			l annonzersz k i	Change Addition
NAME			6.2 NA			3000026152 5 -08/13/9801084 02 1	- 12 1 L
STREET ADDRESS			I.		ADDRESS	***150.00	2g^\
CITY-ST-ZIP	orify that the information supplied with	this filing does not qualify for t	6.4 Ci			section 119.07(3)(i), Florida Statutes. I further certify that to	he information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florids 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 if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Block 12 of Block 13 tychniged, or on an attachment within addition.

02/24/98

67/14/90

To: DIVISION of Corporations

that we never received our the phone report enclosed please time the second amount report you send me plus the second fee of \$15000.

Serges Teve YUGIK.

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