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1997 MAY -6 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 96000061922

1. Corporation Name

CAMILO'S TRUCKING SERVICES, INC.

Principal Place of Business / Mailing Address

11433 N.W. 88TH AVENUE
HIALEAH GDS, FL 33018

3. Date Incorporated or Qualified: 7/4/96
3a. Date of Last Report:

2. Principal Place of Business
21 **11433 NW 88TH AVE** (Suite, Apt. #, etc.)
22 **HIALEAH GDS FL** (City & State)
23 **33018** (Zip)
24 (Country)
25 **USA**

2a. Mailing Address
26 **SAME** (Suite, Apt. #, etc.)
27 (City & State)
28 (Zip)
29 (Country)
30

4. FEI Number: 65-0681498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **EUGENIO C. PLACENCIA**
82 Street Address (P.O. Box Number is Not Acceptable): **11433 N.W. 88TH AVENU**
83
84 City: **HIALEAH GARDENS** **FL** 85 Zip Code: **33018**

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: **CAMILO C. PLACENCIA** (Signature, Typed or Printed Name of Registered Agent and Title, if applicable) (NOTE: If Registered Agent signature required when reinstating) DATE: **05/01/97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Registered Agent** **JORGE LUIS LEAL** **2775 W 52nd STREET # 407** **HIALEAH GDS, FL 33016**	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	**PRESIDENT & TREASURER** **CAMILO C. PLACENCIA** **11433 NW 88TH AVENUE** **HIALEAH GDS, FL 33018**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	900002177719 -05/14/97--01005--025 ***165.00	☐ Change ☐ Addition

5/6/97

CR2E034 (9/96)

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 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.

SIGNATURE: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 5/1/97 (Date) (305) 558-9942 (Daytime Phone #)