FILE NOW: FILING FEE & TAX $150.00 AMENDED

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 NOV 19 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 96000061922

1. Corporation Name

CAMILO'S TRUCKING SERVICES, INC.

Principal Place of Business	Mailing Address
9801 NW 115 WAY MEDLEY FL 33178	9801 NW 115 WAY MEDLEY FL 33178

3. Date Incorporated or Qualified: 07-24-96
3a. Date of Last Report: 05/01/97

2. Principal Place of Business
21:
22: Suite, Apt. #, etc:
23: City & State: FLORIDA
24: Zip: 33178
25: Country: U.S.A.

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

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

EUGENIO C. PLACENCIA
9801 NW 115 WAY
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: (EUGENIO C. PLACENCIA) x — 10/22/97
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR JORGE L. LEAL 3011 W. 78 ST. STE 207 HIALEAH, FL. 33016	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR EUGENIO PLACENCIA 11433 NW 88 AVENUE HIALEAH GARDENS, FL. 33018	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	IDA/MI CHIRINO SECRETARY-TREASURER 11433 NW 88 AVE HIALEAH GARDENS FL 33018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	-11/20/97--01071--001 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: — 10/24/97 (305)887 0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)