

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000070034**  
1. Corporation Name  
**PORTLAND TRUCKING SERVICES INC.**

Principal Place of Business: **111 NW 183<sup>rd</sup> ST # 302 MIAMI, FL 33169**  
Mailing Address: **111 NW 183<sup>rd</sup> ST, SUITE 302 MIAMI, FL 33169**

2. Principal Place of Business 21 <b>111 NW 183<sup>rd</sup> ST</b>		2a. Mailing Address 26 <b>111 NW 183<sup>rd</sup> ST</b>		3. Date Incorporated or Qualified <b>AUGUST 21<sup>st</sup>, 1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc. 22 <b>SUITE 302</b>		Suite, Apt. #, etc. 27 <b>SUITE 302</b>		4. FEI Number <b>65-0688315</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State 23 <b>MIAMI, FL</b>		City & State 28 <b>MIAMI FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33169</b>		Country 25 <b>U.S.A.</b>		Zip 29 <b>33169</b>		Country 30 <b>U.S.A.</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent  
**ORLANDO WRAY  
9920 SW 8<sup>th</sup> ST  
PEMBROKE PINES, FL 33169**

10. Name and Address of New Registered Agent

81 Name	<b>ORLANDO WRAY</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9920 SW 8<sup>th</sup> ST.</b>
83	
84 City	<b>PEMBROKE PINES</b>
85 State	<b>FL</b>
86 Zip Code	<b>33169</b>

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 title if applicable) (R01) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT.</b>	<input type="checkbox"/> DELETE
NAME	<b>ORLANDO WRAY</b>	
STREET ADDRESS	<b>9920 SW 8<sup>th</sup> ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33095</b>	
TITLE	<b>VICE PRESIDENT.</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNETH GORDON</b>	
STREET ADDRESS	<b>2801 NW 112 AVE</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33323</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**700002150537**  
**-04/22/97--01049--019**  
**\*\*\*165.00**

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:  **ORLANDO WRAY** **04-14-97 305-690-9120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)