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

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000076459 (2)

SOUTH HAULING RENTAL, INC.

Principal Place of Business Mailing Address  7891 WEST FLAGLER ST. SUITE 301 MIAMI FL 33144  MIAMI FL 33144  MIAMI FL 33144				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address			<del></del>	09/13/1996 4. FEI Number	Applied For
- · · · · · · · · · · · · · · · · · · ·		26		65-0701932	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		h. Certificate of Status Desired 1.1	5 Additional Required
City & State		City & State			00 May Be led to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30	8. This corporation owes or has paid the current year Personal Property Tax due June 30.	
ļ	9, Name and Address of Co	urrent Registered Agent		10. Name and Address of New Registered Agent	
ROMERO, MIGUEL 8567 CORAL WAY MIAMI FL 33155			83   84   City	<i>11 H M I</i>	ip Code 33/44
I Office or	realstered agent or both in the !	.0502 and 607.1508, Florida Statute State of Florida. Such change was a obligations of, Section 607.0505, Flo	uthorized by the corno	orporation submits this statement for the purpose of changin oration's board of directors. I hereby accept the appointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registeri	and accent and title if applicable (NOTE	: Registered Agent signature re	rquired when reinstating) DATE	<del></del> .
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	OBS IN 12
TITLE	D	DELETE	1.1 TITLE	Chance	
NAME	ROMERO, MIGUEL		1.2 NAME		,
STREET ADDRESS	8567 CORAL WAY		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Chang	e Addition
NAME	ROMERO, AGUSTINA		2.2 NAME		, o viloumon
STREET ADDRESS 8567 CORAL WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		2. 4 CITY-ST-ZIP		
TITLE	_	DELETE		SOMESTARY TERREURAR   Chanc	e Addition
NAME	`		3.2 NAME	SECRETARY. TREASURER Change	

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 suppliemental 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 of the receiver or trustee encowered 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 any attachment with any others.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Miguel KONPAD

(305)

Change

Change

Change

Addition

Addition

Addition

FILED

Mar 09 1998 8:00am

Secretary of State