FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Jun 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P96000095543 (0) J.A.E. TRUCKING, INC. Principal Place of Business Mailing Address 7951 SW 40TH ST., STE 208 B 7951 SW 40TH ST., STE, 208 B **MIAMI FL 33155** MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0712854 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stato City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MENDEZ, ESTEBAN 7951 SW 40TH ST., STE. 208 B 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed harne of registered againt and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **DPVS** DELETE ☐ Change Addition TITLE 1.1 TITLE MENDEZ, ESTEBAN NAME 12 NAME 7951 SW 40TH ST., STE. 208 B STREET ADDRESS 13 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 1011.6 ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP Change DELETE TITLE ___ Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Change DELETE Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 City-St-ZiP

14. Thereby 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 available

6.3 STREET ADDRESS

61 TITLE 6.2 NAME

DELETE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

305-270-3706

___ Addition