

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90053 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097920

1. Corporation Name

R & R TRANSPORTATION LOGISTICS, INC.

Principal Place of Business

**8710 SHERMAN CIR NORTH
401
MIRAMAR FL 33025
US**

Mailing Address

**P.O. BOX 290601
DAVE FL 33329-0501**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1996

4. FEI Number

65-0718069

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6830 Pines Blvd
 Suite, Apt. #, etc.

2a. Mailing Address

28 6830 Pines Blvd
 Suite, Apt. #, etc.

City & State

23 Pembroke Pines FL
 Zip Country

City & State

28 Pembroke Pines FL
 Zip Country

24 33024

25 Broward

29 33024

30 Broward

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name **RAISA ROJAS CONDOMINIA**

82 Street Address (P.O. Box Number is Not Acceptable)

2718 DEWEY ST.

83

84 City **Hollywood****FL**85 Zip Code **33020**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-24-99

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROJAS, RAISA B	
STREET ADDRESS	8710 SHERMAN CIR NORTH #401	
CITY-ST-ZIP	MIRAMAR FL 33025	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
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CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (954) 924-6196
 Date Daytime Phone #

CR2E034 (1/98)