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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000008183 (0) DOCUMENT

FILED Apr 15 1998 8:00am Secretary of State

M B TRUCKING, INC. Principal Place of Business Mailing Address 2654 S.W. ACCO ROAD 2654 S.W. ACCO ROAD PORT ST. LUCIE FL 34953 PORT ST. LUCIE FL 34953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-072*55* 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BLONSHTEYN, MAKS 81 Name 2654 S.W. ACCO ROAD Street Address (P.O. Box Number is Not Acceptable) 82 PORT ST. LUCIE FL 34953 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE **BLONSHTEYN, MAKS** NAME 1.2 NAME 2654 S.W. ACCO ROAD STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34953 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE KAUFMAN, SERGEY NAME 2.2 NAME 3315 S.W. MCMULLEN STREET STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL 34953 CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE Change Addition TITLE 3.1 TITLE SUIATOSLAU JAPAN 815 NECK ROAD 67 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS BROOKLYN, NY 1/223 Change CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE ARKADY GRANZBERG 41 MARRIET AVENUE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 attachmort with an address.

BleanShtun

3-20-98 66/-381