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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000022021**1. Corporation Name

ROADRUNNER TRUCKING OF SOUTH FLORIDA, INC.

Principal Plac	ce of Business	Mailing Address	•	**	45.14 1.014 1.011 00110 1.1001 1.101 1.001
2801 NORTHWEST 74TH AVENUE 2801 NORTHWEST 74TH A		AVENUE			
SUITE 100 SUITE 100 MIAMI FL 33122 MIAMI FL 33122		•			
MIAMI PL 3314		MIAMI FL 33122		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed 03/11/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0734850	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	the second second	27 .		3. Octation of other as Desired	Fee Required
City & Sta	ate ·	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible
24	25	29	30	Personal Property Tax.	∐Yes □No
	9. Name and Address of Cu			10. Name and Address of New Registe	ered Agent
		A Company of the Comp	81 Name	,	
EVA	NS, GEORGE M	erterans and the second section of the section of the second section of the section of the second section of the section of	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	O PONCE DE LEON BOULEV	ARD	OZ SIFEEL ACIO	ress (P.O. Box Number is Not Acceptable)	,
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" ' office or	registered agent or both in the S	State of Florida. Such change was	authorized by the comorati	oration submits this statement for the purpos on's board of directors. I hereby accept the a	se of changing its registered in incomment as registered
	السياة فيستميم استنت الطفاري سينالمستعار مست	LU			
agent. I a	am familiar with, and accept the ol	ibligations of, Section 607.0505, F	lorida Statutes.		•
SIGNATURE	, <u>[</u>		•		
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable. (NO	TE: Registered Agent signature require	od when reinstating) DA1	E
SIGNATURE	Signature, typed or printed name of registere OFFICERS	od agent and title if applicable. (NO S AND DIRECTORS	TE: Registered Agent signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90032 050 ***150.00