

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

Amended

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000028354  
1. Corporation Name **Feline Trucking Corporation**

99 JUN -3 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**16931 SW 139 PLACE  
MIAMI, FL 33177**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **2400 Oil Well Road** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
**Naples, FL** 28  
Zip Country Zip Country  
24 **34120** 25 **USA** 29 30

3. Date Incorporated or Qualified  
**3-28-97**  
4. FEI Number **05-0739036** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**Jaime A. Rojas  
16931 SW 139 PLACE  
MIAMI, FL 33177**

10. Name and Address of New Registered Agent

81 Name **MARIA DIAZ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **2400 Oil Well Road**  
84 City **Naples** 85 Zip Code **FL 34120**

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]*

5-31-99

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>President</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Lucero Arango</b>			1.2 NAME	<b>MARIA T. DIAZ</b>		
STREET ADDRESS	<b>16931 SW 139 PL.</b>			1.3 STREET ADDRESS	<b>2400 Oil Well Rd</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>			1.4 CITY-ST-ZIP	<b>Naples, FL 34120</b>		
TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>Vice-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Gloria Arango</b>			2.2 NAME	<b>MURY SANTIAGO</b>		
STREET ADDRESS	<b>16931 SW 139 PL</b>			2.3 STREET ADDRESS	<b>2400 Oil Well Rd.</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>			2.4 CITY-ST-ZIP	<b>Naples, FL 34120</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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 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]*

**MARIA DIAZ, President**

5-31-99(94)354-0624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)