

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

FILED

May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000034747 (0)**

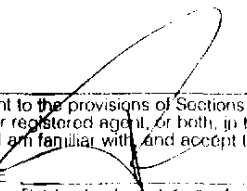
1. Corporation Name
PENA'S LINE OF TRUCKING, INC.



Principal Place of Business 7025 NW 179 ST. #105 MIAMI FL 33015	Mailing Address 7025 NW 179 ST. #105 MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20454 SW 6th Street Suite, Apt. #, etc.		2a. Mailing Address 26 20454 SW 6th St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/17/1997	
22		27		4. FEI Number 65-0591234	
23 City & State Pembroke Pines, FL		28 City & State Pembroke Pines, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33029		29 Zip 33029		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PENA, JORGE L 7025 NW 179 ST. #105 MIAMI FL 33015				10. Name and Address of New Registered Agent			
SIGNATURE 				81 Name Jorge L. Pena			
				82 Street Address (P.O. Box Number is Not Acceptable) 20454 SW 6th St.			
				83			
				84 City Pembroke Pines FL 85 Zip Code 33029			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE **4-13-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	Jorge L. Pena		
STREET ADDRESS				1.3 STREET ADDRESS	20454 SW 6th St.		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Executive Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Maria D. Pena		
STREET ADDRESS				2.3 STREET ADDRESS	20454 S.W. 6th St.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029		
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.

SIGNATURE _____ DATE **4-13-98** (954)

CR2E034 (10/97)