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

PROFIT .
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mesthám *

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037262 (7)

SOUTH FLORIDA TRUCK SERVICE INC.

Principal Place of Business Mailing Address 4401 EAST 10 AVE 4401 EAST 10 AVE HILEAH FL 33010 HILEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #. etc Suite, Apt. #, otc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VERA, BENITO JR 4401 EAST 10 AVE 82 Street Address (P.O. Box Number is Not Acceptable) HILEAH FL 33010 83 В4 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. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13.

DELETE TITLE Addition vera, benito jr 1.2 NAME 230 SW 128 AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 21 TITLE TITLE VERA, BENITO SR 2.2 NAME NAME 230 WEST 50TH STREET 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAMÉ 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST- ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

DE PRINTED NAME OF SIGNING DESIGER OR DISECTOR

1/16/98

305-691-8407

FILED

Feb 16 1998 8:00am

Secretary of State

CR2E034 (10/97)