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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700038025 (7) TRUCK PARKING, INC.

FILED Jun 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6200 N.W. 72ND AVENUE 6200 N.W. 72ND AVENUE MIAMI FL 33168 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Žip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OLIVA, ALFREDO 6200 N.W. 72ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City 85 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, typed to printed name of registerior agest and title if apply able (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change TITLE OLIVA, ALFREDO 1.2 NAME NAME 6200 N.W. 72ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 11TLF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4 1 117LF NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DETETE Change Addition 5.1 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-ZIP noitibhA DELETE 6.1 Tille TITLE 06/21/35 01(05) 1.3 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS **₩***150.00 6.4 CITY - \$1 - ZIP 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 of 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: CILLIDA II Com

5.22.98 (305)4777428