07-13-99 90004 041 $150.00-$150.00

98.

05-11-2000 90322 008 **150.00

FILED P97000061279
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P97000061279

Corporation Name

MES TRUCKING, INC.

07-13-99 90004 041 $150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1944 MICHIGAN AVENUE SUITE 25 MIAMI BEACH FL	1944 MICHIGAN AVENUE SUITE 25 MIAMI BEACH FL

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/14/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 65-0771021	Applied For / Not Applicable
City & State	City & State 28	5. Certificate of Status Desired	$8.75 Additional Fee Required
Zip / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property.	Yes / No

9. Name and Address of Current Registered Agent

SANCHEZ, MIGUEL E
1944 MICHIGAN AVENUE
SUITE 25
MIAMI BEACH FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	D DELETE	1.1 TITLE	Change / Addition
	SANCHEZ, MIGUEL E	1.2 NAME	
	1944 MICHIGAN AVENUE, #25	1.3 STREET ADDRESS	
	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
	DELETE	2.1 TITLE	Change / Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	DELETE	3.1 TITLE	Change / Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	DELETE	4.1 TITLE	Change / Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	DELETE	5.1 TITLE	Change / Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	DELETE	6.1 TITLE	Change / Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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 added on an attached amendment.

SIGNATURE: SIGNATURE REQUIRED 7-6-99 (305) 672-4698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/22