

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90043 009 \*\*\*150.00

DOCUMENT # P97000072342

1. Corporation Name  
ISLANDS TRUCKING INC.

Principal Place of Business  
7751 NW 181 ST  
MIAMI FL 33015

Mailing Address  
7751 NW 181 ST  
MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/21/1997

4. FEI Number  
65-0777963

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 8038 NW 103rd St Bay 41

2a. Mailing Address  
26 8038 NW 103rd St

Suite, Apt. #, etc.  
22 Bay 41

Suite, Apt. #, etc.  
27 Bay 41

City & State  
23 Hialeah Gardens, FL 33016

City & State  
28 Hialeah Gardens, FL 33016

Zip  
24 33016

Country  
25 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, KIMBERLY A  
7751 NW 181 ST  
MIAMI FL 33015

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	HAWKINS, KIMBERLY ANN	7751 N.W. 181ST	MIAMI FL 33015	<input type="checkbox"/>
P	BEQUIRISTAIN, OSCAR	7751 N.W. 181 ST	MIAMI FL 33015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly A Hawkins 3/2/99

305-820-9015

Date

Daytime Phone #

CR2E034 (11/98)

0132614