May 05, 1999 8:00 am Secretary of State

05-05-1999 90215 045 ***150.00

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

DOCUMENT # P97000072368

1. Corporation Name

MAURICIO'S TRUCKING ENTERPRISES, INC.

Principal Place of Business Mailing Address 956 NW 106 AVE. CIR. 956 NW 106 AVE. CIR.									
MIAMI FL 33172 MIAMI FL 33172							DO NOT MIDITE II	N THIS SPACE	
						-	DO NOT WRITE If Date Incorporated or Qualifed	N INIS SPACE	
						3.	08/20/1997		
2 Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number	A	oplied For
21		26					65-0778966	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	i.			5.	Certificate of Status Desired	1	Additional equired
City & State		City & State				6	Election Campaign Financing	\$5.00	May Be
23		28				".	Trust Fund Contribution		to Fees
Ζiρ	Country	Zip	Cou	ntry		8.	This corporation owes the current y	year Intangibie	
24	25	29	30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		\Box		10.	Name and Address of New Regi	stered Agent	
				81	Name				
CALDERA, MAURICIO				82	82 Street Address (P.O. Box Number is Not Acceptable)				
956 NW 106 AVE. CIR.				-	Oli Call Floor	1) 000			
MIAMI FL 33172				83					
				84	City			FL 85 Zip	Code
	to the provisions of Sections 607.05	20 and CO7 1509. Florido	Ctatutac tha a	bout	named corry	oration	n submits this statement for the nurr		s registered
office or n	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change	was authorized	יעם נ	tne corporatio	n's bo	pard of directors. I hereby accept the	e appointment as re	egistered
SIGNATURE								DATE	
	Signature, typed or printed name of registered age			Agen	t signature required		ADDITIONS/CHANGES TO OFFICE		7DS IN 12
12.	DPS OFFICERS AI	ND DIRECTORS	13. TE 1.1 TI	71 F			ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition
TITLE			- I	1.2 NAME					ļ
NAME	O'ALDETO, TILL			1.3 STREET ADDRESS					
STREET ADDRESS	- · · · · · · · · · · · · · · · · · · ·								
CITY-ST-ZIP				1.4 CITY- ST- ZIP 2.1 TITLE			<u></u>	Change	[] Addition
TITLE	_			2.1 TILE 2.2 NAME					
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STREET ADDRESS	000 1111 100 11121 01111			2.3 STREET ADDRESS					(
CITY-ST-ZIP	MIAMI FL 33172 2.4 □ DELETE 3.1			_				☐ Addition	
TITLE									
NAME			3.2 N						Į
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ DELE			T-ZIP			☐ Change	Addition
TITLE									
NAME	l		4.21	WME	- 1				

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 is changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

51700 F

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NELLY CALDERA

DELETE

☐ OELETE

Change

Change

Addition

☐ Addition