

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01 1998 8:00am  
Secretary of State

DOCUMENT # P97000076177 (9)

1. Corporation Name

LC1 TRUCKING, INC.



Principal Place of Business

Mailing Address

C/O 101 MADEIRA AVE  
CORAL GABLES FL 33134

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CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number

65-0779334

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 9390 NW 109th Street

Suite, Apt. #, etc.

22

City & State

23 Medley, FL

Zip

33178

Country

24

2a. Mailing Address

26 5201 Blue Lagoon Dr

Suite, Apt. #, etc.

27

#650

City & State

28 Miami, Florida

Zip

33126

Country

29

30

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES, FERNANDEZ-FRAGA  
101MADEIRA AVE  
CORAL GABLES 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

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

TITLE ☐ DELETE

NAME PD  
Eduardo Cusco  
STREET ADDRESS 5201 Blue Lagoons Dr.  
CITY-ST-ZIP Miami, Florida. 33126

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME Cusco, Eduardo  
1.3 STREET ADDRESS 9390 NW 109th Street  
1.4 CITY-ST-ZIP Medley, FL 33178-1225

2.1 TITLE VPSD ☐ Change ☒ Addition

2.2 NAME Sotolongo, Raul  
2.3 STREET ADDRESS 9390 NW 109th Street  
2.4 CITY-ST-ZIP Medley, FL 33178-1225

3.1 TITLE VPD ☐ Change ☒ Addition

3.2 NAME Smith, Raul  
3.3 STREET ADDRESS 9390 NW 109th Street  
3.4 CITY-ST-ZIP Medley, FL 33178-1225

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Hermida, Carlos  
4.3 STREET ADDRESS 9390 NW 109th Street  
4.4 CITY-ST-ZIP Medley, FL 33178-1225

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 in an attachment with an address.

SIGNATURE

*[Signature]*

4/17/98

CR2E034 (10/97)