

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 01, 1999 8:00 am  
Secretary of State

03-01-1999 90078 011 \*\*\*150.00

DOCUMENT # P97000088893

1. Corporation Name  
ALEMAN TRUCKING, INC.

Principal Place of Business  
680 SO MILITARY TRAIL  
WEST PALM BEACH FL 33415

Mailing Address  
680 SO MILITARY TRAIL  
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/14/1997

4. FEI Number  
65-0786540

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 7876 Belvedere Rd  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4151 Royal Palm Bch Blvd  
Suite, Apt. #, etc.

22 City & State  
23 W. Palm Bch FL  
24 Zip 33411 25 Country

27 City & State  
28 Royal Palm Beach FL  
29 Zip 33410 30 Country P.B.

9. Name and Address of Current Registered Agent

MELENDEZ, DALIA  
680 SO MILITARY TRAIL  
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name Nora Aleman  
82 Street Address (P.O. Box Number is Not Acceptable)  
4151 Royal Palm Bch Blvd  
83  
84 City Royal Palm Beach FL 85 Zip Code 33410

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/25/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ALEMAN, ABELARDO  
STREET ADDRESS 4151 ROYAL PALM BCH BLVD  
CITY-ST-ZIP ROYAL PALM BECH FL 33410

TITLE D ☐ DELETE  
NAME ALEMAN, NORA G  
STREET ADDRESS 4151 ROYAL PALM BEACH BLVD  
CITY-ST-ZIP ROYAL PALM BECH FL 33410

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 (561) 753-9746

CR2E034 (11/98)

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