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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091249

YANRICK TRUCKING, CORP.

Principal	Place	of Business
2356 C W	1 RTH	STREET

Mailing Address

2356 S.W. 18TH STREET

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90010 048 ***550.00



DO NOT WRITE IN THIS SPACE MIAMI FL 33145 MIAMI FL 33145 3. Date incorporated or Qualifed 10/23/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 348 NW 1/4 AUG Not Applicable 65-0790897 348 NW 114100 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired #102 Fee Required #102 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box MIKAUI MIAMI Added to Fees Trust Fund Contribution 28 Country Zio 8. This corporation owes the current year Intangible Cl-30 3172 USA □No Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name ARENCIBIA, RICARDO 82 Street Address (P.O. Box Number is Not Acceptable) 2356 S.W. 18TH STREET #2 83 MIAMI FL 33145 Zip Code 84 City 85

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition □ DELETE Change 1.1 TITLE TITLE ARBUCIOSIA RICANDO #162 ARENCIBIA, RICARDO 1.2 NAME NAME 2356 S.W. 18TH ST. #2 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33145 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E034 (11/98)