

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$650.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**

93 MAR 18 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 97000002709

1. Corporation Name  
Hector L. Morales Trucking of Florida Corp.

Principal Place of Business Mailing Address

4933 Sunny Ln. ave.  
W.P.B., Florida 33415

2. Principal Place of Business

21. 4933 sunny ln. ave.

22. W-P.B.

23. FL.

24. Zip 33415 25. Country P.B.

2a. Mailing Address

26. 4933 Sunny Ln. ave.

27. W-P.B.

28. FL.

29. Zip 33415 30. Country P.B.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

65-0794648

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Hector L. Morales  
4933 sunny ln. ave.  
W.P.B., FL. 33415

81. Name Hector L. Morales  
82. Street Address (P.O. Box Number is Not Acceptable)  
4933 sunny ln. ave.  
83.   
84. City W.P.B. FL 85. Zip Code 33415

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 Hector L. Morales

1-28-99

12. OFFICERS AND DIRECTORS

TITLE	<u>P = President</u> <u>D = Director</u> <input type="checkbox"/> DELETE
NAME	<u>Hector L. Morales</u>
STREET ADDRESS	<u>4933 Sunny Ln. ave.</u>
CITY-ST-ZIP	<u>West Palm Beach, FL 33415</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
16 NAME	<u>J = Secretary</u>
17 STREET ADDRESS	<u>Olga V. Morales</u>
18 CITY-ST-ZIP	<u>4933 sunny ln. ave.</u>
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
20 NAME	<u>W.P.B., FL. 33415</u>
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

400002820894-6  
-03/26/99-01124-024  
\*\*\*150.00 \*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the new corporation status under 190.05, Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and correct and that my signature is that of the officer or director of the corporation, the receiver or trustee of the corporation. I have made this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attached list of names, with a Robert-like signature.

SIGNATURE: Hector L. Morales

1-28-99 (561) 242-9981

CR2E034 (11/98)