## 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

## DOCUMENT # P97000106558 (4)

T & L TRUCKING, INC.

**FILED** 

Apr 23 1998 8:00am

Secretary of State

|   |   | La de la Colonia                                     |                                  |  |   |
|---|---|--|----------------------------------|--|---|
| Principal Place   |   | Mailing Address                                      |                                  |  |   |
| 14130 NW 1ST AVE.   |   | 14130 NW 18T AVE.<br>MIAMI FL 83188                  |                                  |  |   |
| MIAMI FL 33168  |   | MIRMITTE VOICE                                       |                                  | DO NOT WRITE IN THIS SPACE   |   |
|   |   |  |                                  | 3. Date Incorporated or Qualified  |   |
|   |   |  |                                  | 12/18/1997   |   |
| 2. Principal Pl   | ace of Business   | 2a. Mailing Address                                  |                                  | 4. FEI Number  | Applied For   |
| 21  |   | 26 4431 DAV  | ie RD                            | 65-0814690   | Not Applicable  |
| Suite, Apt. #, etc  |   | Suite, Apt. ₩, etc.                                  |                                  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Regulred                     |
| City & State  |   | 27 5te [2]   |                                  |  |   |
| <b>—</b> , '  | )   | City & State   |                                  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                        |
| <b>23</b> Zip   | Country   | 28 DAVIE, Fl.  | Country                          | 8. This corporation owes or has paid the c   |   |
| 24  | 25  | 29 33314 3   |                                  | Personal Property Tax due June 30.   | Yes No  |
| [24]  | 9. Name and Address of Curre  |  | <u> </u>                         | 10. Name and Address of New Registere  | d Agent   |
| CENCEBAUGH, SANDRA<br>960 ARTH <del>UR GODFREY RD</del> . |   |  | 81 Name                          |  |   |
|   |   |  | 82 Street Add                    | ress (P.O. Box Number_is Not Acceptable)   |   |
| #401  |   |  | 4431                             | DAVIE RD.  |   |
| M <del>IAMI BEACH FL 8314</del> 0                         |   |  | 83                               |  |   |
| ****  |   |  | <u>5 f e .</u><br>  84 City      |  | 85 Zip Code   |
|   |   |  | DAI                              | rie Fi   | L     33314   |
| l office or re  | to the provisions of Sections 607.05<br>egistered agont, or both, in the Stat<br>m familiar with, and accept the obli | te of Florida. Such change was auf                   | lhorized by the corpora          | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap- | of changing its registered<br>pointment as registered |
| SIGNATURE   |   |  |                                  |  |   |
|   | Signature typed or printed name of registered a   | gent and title if applicable (NOTE F<br>ND DIRECTORS | Registered Agent signature requi | ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AT   | ID DIRECTORS IN 12                                    |
| 12.   | D   | DELETE   | 1.1 TITLE                        | ADDITIONS/CHANGES TO OFFICEAS A  | Change Addition                                       |
| NAME  | PONCE, MANUEL A   |  | 1.2 NAME                         |  |   |
| STREET ADDRESS  | 14130 NW 1ST AVE.   |  | 1.3 STREET ADDRESS               |  | 1   |
| CITY-ST-7IP   | MIAMI FL 33168  |  | 1.4 CITY-ST-ZIP                  |  |   |
| TOTLE   | D   | DELETE   | 2 1 TITLE                        |  | Change Addition                                       |
| NAME  | PONCE, LAURA C  |  | 22 NAME                          |  |   |
| STREET ADDRESS  | 14130 NW 1ST AVE.   |  | 2 3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP   | MIAMI FL 33168  |  | 2 4 CHY-ST-ZIP                   |  |   |
| TITLE   |   | ☐ DELETE   | 3 1 TITLE                        |  | Change Addition                                       |
| NAME  |   |  | 3 2 NAME                         |  |   |
| STREET ADDAFSS  |   |  | 3.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP   |   |  | 3.4 CHY-ST-ZIP                   |  |   |
| TITLE   |   | ☐ DELETE   | 4.1 TITLE                        |  | Change Addition                                       |
| NAME  |   |  | 4 2 NAME                         |  |   |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRESS               |  | 1   |
| CITY-ST-ZIP   |   |  | 4.4 CITY-ST-ZIP                  |  |   |
| TITLÉ   |   | ☐ DELETE   | 5.1 TITLE                        |  | Change Addition                                       |
| NAME  |   |  | 5 2 NAME                         |  |   |
| STREET ADDRESS  |   |  | 5.3 STREET ADDRESS               |  |   |
| CITY - ST - ZIP   |   |  | 5.4 CITY - ST - ZIP              |  |   |
| TITLE   |   | DELLETE.   | 6.1 TITLE                        |  | Change Addition                                       |
| NAME  |   |  | 6.2 NAME                         |  |   |
| STREET ADDRESS  |   |  | 6 3 STREET ADDRESS               |  |   |
| CITY CT 710   |   |  | 6.4 CITY, ST. 78P                |  |   |

14. 1 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

SIGNATURE:

Maryel a. Tome

4-16-98

305-687-8834