

08-17-9944-90001 082... 1.50.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000020850			
1. Corporation Name B.E.C. TRUCKING, INC.			
Principal Place of Business 11230 N.W. 5TH TERRACE MIAMI FL 33172		Mailing Address 11230 N.W. 5TH TERRACE MIAMI FL 33172	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 03/04/1998	
21. Suite, Apt., #, etc.		4. FEI Number 65-0824977	
22. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country		7. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	
25. Zip		8. Name and Address of New Registered Agent	
26. Country		81. Name NANCY VELAZQUEZ	
27. City & State		82. Street Address (P.O. Box Number is Not Acceptable) 10707 NW 32 PL	
28. Zip		83. City SUNRISE	
29. Country		84. State FL	
30. Zip Code 33351		85. Zip Code 33351	
9. Name and Address of Current Registered Agent GERARD, CAROL R 12180 GLENMORE DRIVE CORAL SPRINGS FL 33071			
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 NANCY VELAZQUEZ		DATE 7-2-99	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT		1.1 TITLE Change ☐ Add ☐	
1.2 NAME MARIANO PEREZ		1.2 NAME Change ☐ Add ☐	
1.3 STREET ADDRESS 10707 NW 32 PLACE		1.3 STREET ADDRESS Change ☐ Add ☐	
1.4 CITY-STATE-ZIP SUNRISE, FL 33351		1.4 CITY-STATE-ZIP Change ☐ Add ☐	
2.1 TITLE Change ☐ Add ☐		2.1 TITLE Change ☐ Add ☐	
2.2 NAME Change ☐ Add ☐		2.2 NAME Change ☐ Add ☐	
2.3 STREET ADDRESS Change ☐ Add ☐		2.3 STREET ADDRESS Change ☐ Add ☐	
2.4 CITY-STATE-ZIP Change ☐ Add ☐		2.4 CITY-STATE-ZIP Change ☐ Add ☐	
3.1 TITLE Change ☐ Add ☐		3.1 TITLE Change ☐ Add ☐	
3.2 NAME Change ☐ Add ☐		3.2 NAME Change ☐ Add ☐	
3.3 STREET ADDRESS Change ☐ Add ☐		3.3 STREET ADDRESS Change ☐ Add ☐	
3.4 CITY-STATE-ZIP Change ☐ Add ☐		3.4 CITY-STATE-ZIP Change ☐ Add ☐	
4.1 TITLE Change ☐ Add ☐		4.1 TITLE Change ☐ Add ☐	
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5.1 TITLE Change ☐ Add ☐		5.1 TITLE Change ☐ Add ☐	
5.2 NAME Change ☐ Add ☐		5.2 NAME Change ☐ Add ☐	
5.3 STREET ADDRESS Change ☐ Add ☐		5.3 STREET ADDRESS Change ☐ Add ☐	
5.4 CITY-STATE-ZIP Change ☐ Add ☐		5.4 CITY-STATE-ZIP Change ☐ Add ☐	
6.1 TITLE Change ☐ Add ☐		6.1 TITLE Change ☐ Add ☐	
6.2 NAME Change ☐ Add ☐		6.2 NAME Change ☐ Add ☐	
6.3 STREET ADDRESS Change ☐ Add ☐		6.3 STREET ADDRESS Change ☐ Add ☐	
6.4 CITY-STATE-ZIP Change ☐ Add ☐		6.4 CITY-STATE-ZIP Change ☐ Add ☐	
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.			

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SEC. OF STATE
TALLAHASSEE, FLORIDA



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7/2/99