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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Mar 01, 1999 8:00 am Secretary of State

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1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

INTERNATIONAL TRUCKING SERVICE CORPORATION

Principal Place of Business	Mailing Address
1840 WEST 62ND ST. #108	1840 WEST 62ND ST. #108
Hialeah Fl 33012	HIALEAH FL 33012

Country

9. Name and Address of Current Registered Agent

NOT WRITE IN THIS SPACE

BO NOT WATE IN THIS SI YIEL						
3. Date Incorporated or Qualifed 05/05/1998						
 4. FEI Number Go / > O4	Applied For					
65-0834382	Not Applicable					
 5. Certifcate of Status Desired	8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
 This corporation owes the current year Intang Personal Property Tax.	ible Yes □No					

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SANCHEZ, JAVIER J
1840 WEST 62ND ST. #108
HIALEAH FL 33012

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	10. Name and Address of New Registered Agent				
81	Name	•)			
82	Street Address (P.O. Box Number is	s Not Acceptable)*			
83					
84	City	FL 85 Zip Code			

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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applica	able (NOTE: Re	egistered Agent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	SANCHEZ, JAVIER J		1.2 NAME			
STREET ADDRESS	1840 WEST 62ND ST. #108		1.3 STREET ADDRESS	· .		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP		<u> </u>	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	CARCAMO, CARLOS		2.2 NAME	ا الا مان		
STREET ADDRESS	1840 WEST 62ND ST. #108		2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP		<u>.</u>	
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	5.1 TITLE	٠	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME		*	
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-7IP			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 suppliemental 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 onlan attachment with an address, with all other like empowered.

SIGNATURE:

READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

;R2E034 (11/98)