FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

| • ANN | 1999 | | Secretary of State DIVISION OF CORPORATIONS | | | IONS | | Secretary of State | | |
|-------------------------|---|-------------------|--|-------------|---------------------------------------|---|--|---|----------|--|
| DOCU 1. Corporat | JMENT # P9800 | 0060354 | 4 | | | | | 07-27-1999 90023 032 ***150.00 | | |
| | R.J.G.A. TRUCK 15148 S.W. 60t | | | | | | / | | | |
| MIAMI, FL 33193 | | | | | | * 5 96495 - 90023 - 32 5 * | | | | |
| Principal Pla | ace of Business | ٨ | Mailing Address | | | | | | | |
| 15148 S.W. 60th TERRACE | | | | | | | | | | |
| MIAMI, FL 33193 | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
| | | | | | | | | 3. Date incorporated or Qualified 07-06-1998 | | |
| 2. Principal | Place of Business | 2a | 2a. Mailing Address | | | | | 4. FEI Number Applied For | | |
| 21 | | 26 | | | | ING | , IN | NC. 65-0846779 Not Applicate | /le | |
| Suite, Ap | · | 27 | | | | 7_ | | 5. Certificate of Status Desired No Fee Required | _ | |
| City & St | ate | 20 | City & State 28 MIAMI, FLORI | | | DA | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution NO Added to Fees | | |
| 23 Zip | Country | | Zip | , 110 | Countr | | | This corporation owes the current year Intangible | \dashv | |
| 24 | 25 | 29 | 33256 | 30 | MIA | MI | DADE | | | |
| | 9. Name and Address o | f Current Regi | stered Agent | | | - | | 10. Name and Address of New Registered Agent | _ | |
| | | | | | 81 | Nam | 9 | | | |
| ADOLFO E. IGLESIAS | | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 12010 S.W. 97th STREET | | | | | 83 | 83 | | | \dashv | |
| MIAMI, FL 33186 | | | | | - | | | | _ | |
| | | | | | 84 | City | | FL 85 Zip Code | | |
| office or | nt to the provisions of Sections r registered agent, or both, in the am familiar with, and accept the | ne State of Flori | ida. Such chang | je was auth | orized by | the cor | d corpor poration | ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered | | |
| SIGNATUR | E | | · · | - | | | | when reinstating) DATE | | |
| 12. | Signature, typed or printed name of reg OFFIC | ERS AND DIRE | | (NOTE: Re | gistered Age | nt signatur | s required w | when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | - | |
| TITLE | CEO ROBERTO J. GUADAMUZ DELETE | | | | 1.1 TITLE | | 7 | ☐ Change ☐ Addit | ion | |
| NAME | 15148 S.W. 60th TERRACE | | | | 1.2 NAME | | | | | |
| STREET ADDRES | | | | | 1.3 STREET ADDRESS | | s | | - | |
| CITY-ST-ZIP | | | | | 1.4 CITY-ST-ZIP | | | | _ | |
| TITLE | | | ☐ DE | LETE | 2.1 TITLE | | } | Change Addi | ion | |
| NAME | | | | | 2.2 NAME | | _ | | | |
| STREET ADDRES | SS | | | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | | 1 | |
| ITY-ST-ZIP | | | T DE | LETE T | 2.4 CITY- | | | v [a] Change [a] Addii | ion . | |
| AME | | | | | 3.2 NAME | | | | | |
| TREET ADDRES | 25 | | | | 3.3 STREE | T ADDRES | s | | ĺ | |
| TY-ST-ZIP | | | | | 3.4, CITY- | ST-ZIP | \ | | | |
| TLE | | | □ DE | LETE | 4.1 TITLE | | | ☐ Change ☐ Addit | ion | |
| \ME | 1 | | | ì | 4. 2 NAME | | | | 1 | |
| REET ADDRES | ADDRESS | | | | | 4.3 STREET ADDRESS | | | | |
| Y-ST-ZIP | <u> </u> | | | | 4.4 CITY-ST-ZIP | | | | | |
| LE | | | ☐ DE | LE1E | 5.1 TITLE 5.2 NAME | | } | ☐ Change ☐ Addit | OIT | |
| ME. | | | | 1 | 5.3 STREE | T ACKNOR CO | | | | |
| REET ADDRES | 180 | | | | 5.4 CITY-S | | | | | |
| Y-ST-ZIP | | | | I ETE | ALTIDE | | | Change D Additi | | |

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 epipowered 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 or an attackment with any address, with an other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

GNATURE:

EET ADDRESS

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

July 13, 1999

Florida Department of State Division of Corporation Profit Corporation Annual Report

Re: Reinstatement of P 98000060354

To Whom It May Concern:

I'm writing this letter in an effort to explain the reason why I'm sending this second Annual Report. I filed the first report on April 18 of 1999 which unfortunately you never. I called your office since the check had not cleared in the bank. The person that answers told me to write this letters and explain my situation. She told me that the best alternative was to send this letter, complete the second notice form, and send a new check. She told me that you would reinstate my company.

Thank you