

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

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90009 038 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT #

1. Corporation Name

MAX TRUCKING, INC.

Principal Place of Business

Mailing Address

8520 SW 43 Terr.
Miami Fla. 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-12-98

2. Principal Place of Business

2a. Mailing Address

21 8520 SW 43 Terr.

26 8520 SW 43 Tr.

4. FEI Number

65-0889105

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.76 Additional
Fee Required

23 City & State

28 City & State

Miami Fla.

Miami Fla.

6. Election Campaign Financing

X

\$5.00 May Be

Added to Fees

24 Zip

33155

25 Country

DADE

29 Zip

33155

30 Country

DADE

8. This corporation owes the current year Intangible
Personal Property Tax.

X

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jose Antonio Perez
8520 SW 43rd Terr.
Miami Fla. 33155

81 Name

82 Street Address (P.O. Box Number is 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Jose Antonio Perez*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME Jose A. Perez
STREET ADDRESS 8520 SW 43 Terr.
CITY-ST-ZIP Miami Fla. 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE: *Jose Antonio Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-99 305-220-0834
Date Daytime Phone #

CR2E034 (11/98)