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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000089482

1. Corporation Name LAUDERDALE TRUCKING, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90014 017 ***150.00



Principal Place	e of Business	Mailing Address				I 3011) BB(B) II	611 9 (811) 8188)	
71 NE 49TH ST. 71 NE 49TH ST.							, •	
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334					DO NOT WRIT	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	E IN THIS	AUL .	
1					10/20/1998			ļ
2 Principal P	lace of Business	2a. Mailing Address			4 CCI North and		Api	plied For
21	lace of Busiliess	26			4. FEI NUMBER 08 10 5 28		 	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22		27			5. Certifcate of Status Desired		Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	<u> </u>	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the curre			X
24	25		30		Personal Property Tax.		Yes	No
	9. Name and Address of Curre	nt Registered Agent	04	l Name	10. Name and Address of New R	egistered A	igent /	
; QIQN	IANDEZ, ALVARO		81	Name				
	IE 49TH ST.		82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
	AUDERDALE FL 33334		83					
, , ,	PODENDALE 1 E 00007		03					
	\\\\		84	City		FL	85 Zip C	Code
5	10 10 10 107 057	00 1 007 1500 Florido Ctotuto	a tha abau	named sor	possion submits this etatement for the		hanging its	registered
office or re	egistering agent, or both, in the State	of Florida. Such change was au	thorized by	the corporat	poration submits this statement for the tion's board of directors. I hereby accep	the appoin	tment as rec	gistered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes	· ^		2/17	laa	}
SIGNATURE				His	ν_{N}	\sim / / /	TTT	
SIGNATURE	Y	at and title if applicable (NOTE:	Pagetored Age	nt signature requir	red when reinstation)	DATE	/ 	
	Sociature, typed or printed name of registered age			nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	R\$ IN 12
12.	of printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13.	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
12.	OFFICERS AI	ND DIRECTORS	13.	nt signature requir		DATE		
12. TITLE NAME	OFFICERS AI PDV SISNANDEZ, ALVARO	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature requi		DATE		
12. TITLE NAME STREET ADDRESS	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS		DATE		
12. TITLE NAME	OFFICERS AI PDV SISNANDEZ, ALVARO	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS		DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS		DATE ICERS AND	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS		DATE CICERS AND	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T- ZIP F ADDRESS		DATE FICERS AND	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS T- ZIP F ADDRESS		DATE FICERS AND	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS T- ZIP F ADDRESS		DATE	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T- ZIP F ADDRESS		DATE	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP F ADDRESS ST-ZIP		DATE	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T-ZIP F ADDRESS ST-ZIP		DATE	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	T ADDRESS T-ZIP F ADDRESS ST-ZIP		DATE FICERS AND	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP F ADDRESS ST-ZIP		DATE FICERS AND	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 4.4 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ADDITIONS/CHANGES TO OFF	DATE FICERS AND	Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE TITLE TITLE TITLE TITLE	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST.	ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 4.1 TITLE 4.2 NAME 4.3 STREE* 4.1 TITLE 4.2 NAME 4.3 STREE* 5.1 TITLE 5.1 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		DATE FICERS AND	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST. FT. LAUDERDALE FL 33334	ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME	T ADDRESS T-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS T-ZIP F ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFF	DATE FICERS AND	Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE TITLE TITLE TITLE TITLE	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST. FT. LAUDERDALE FL 33334	ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFF	DATE FICERS AND	Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST. FT. LAUDERDALE FL 33334	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-S 5.4 CITY-S 5.5 STREE* 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFF	DATE FICERS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST. FT. LAUDERDALE FL 33334	ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFF	DATE FICERS AND	Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	OFFICERS AI PDV SISNANDEZ, ALVARO 71 NE 49TN ST. FT. LAUDERDALE FL 33334	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFF	DATE FICERS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

14. Hereby certify that the information indicated on this annual lebest of 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 lebest of 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 origination 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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT