**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90184 038 \*\*\*150.00

## 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

## DOCUMENT # P98000091331

1. Corporation Name

DORAL FREIGHT INC.

Principal Place of Business Mailing Address							-	4) <b>99</b> ()( <b>43</b> ()( )		()) <b>(</b> () () () () () () () () () () () () () (	
9300 N.W. 58TH		9300 N.W. 58TH ST.	9300 N.W. 58TH ST.								
#213		#213	#213				DO NOT MOITE IN THE SPACE				
MIAMI FL 33178		MIAMI FL 33178	IIAMI FL 33178				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified				
							11/01/1998				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	plied For	
<del></del>	ace of Business	Fi *	2a. Mailing Address 26				65-0872244		_ <del>                                    </del>	t Applicable	
Suite, Apt. #	t etc		Suite, Apt. #, etc.						\$8.75 A		
22	r, 610.	— · · ·	27				5. Certifcate of Status Desired		Fee Re	quired	
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be	
23 -		28	1 '				Trust Fund Contribution:		Added.t	o Fees	
Zip	Country	Zip					This corporation owes the current year Intangible				
24	25	29	29 30				Personal Property Tax.				
	9. Name and Address of Currer	nt Registered Agent					10. Name and Address of New F	Registered	Agent		
2005	NOVET MADOOD A			81	Name						
RODRIGUEZ, MARCOS A				82	Street	t Address (P.O. Box Number is Not Acceptable)					
9300 N.W. 58TH ST.											
#213				83			•				
MIAMI FL 33178				84	City			<u></u>	85 Zip (	Code	
				L				FL		ciotorod	
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Statu of Florida, Such change was :	ites, the al authorized	bov€ I bv	e-named the com	l corpo oration	oration submits this statement for the n's board of directors. I hereby accept	purpose or at the appoi	cnanging its ntment as re	gistered	
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Stati	utes			•				
SIGNATURE								DATE		\	
	Signature, typed or printed name of registered age	The same is approached to the same is a same is a same in the same in the same is a same in the same in the same is a same in the sa		Agen	nt signature	required	when reinstating)  ADDITIONS/CHANGES TO OF		ID DIRECTO	PS IN 12	
12.	D OFFICERS AF	ND DIRECTORS	13.	ΠF		Т	ADDITIONS/CHANGES TO CIT	I ICENS AN	☐ Change	Addition	
TITLE	RODRIGUEZ, MARCOS A 12										
ACCO NIN FOTH OT			1.3 STREET A		r Anndess	.					
STREET ADDRESS	MIAMI FL 33178		1.4 CITY-ST-ZIP			'					
CITY-ST-ZIP	MIAIVII PL 33176	☐ DELETE							Change	Addition	
TITLE				2.2 NAME							
NAME					2.3 STREET ADDRESS			•			
STREET ADDRESS					4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TI		,1-Qr	1			Change	Addition	
NAME		<del>_</del> ,	<del>-</del> -		3.2 NAME						
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP	·				ST-ZIP	_					
TITLE		☐ DELETE	4.1 TI						☐ Change	Addition	
NAME			4. 2 N	4. 2 NAME						ì	
STREET ADDRESS			4.3 S	TREE	T ADDRESS	3					
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP						
TITLE	☐ DELETE		5.1 TI	5.1 TITLE					Change	☐ Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 8	REE	T ADDRESS	\$					
CITY-ST-ZIP	1		5.4 CI	TY-S	T-ZIP	<u></u>					
TITLE		☐ DELETE	6.1 TI	TLE					Change	☐ Addition	
NAME .			6.2 N	AME							
OTDEET ADDDESS			6.3 S	REE	T ADDRESS	3				ł	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Marcos A. Rodriguez. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR