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 # V24247

SILGHERO TRUCKING, INC.

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90002 008 ***150.00

SILGULI	no mooning, inc.									
Principal Plac	e of Business	Mailing A	Address						/### ### ##############################	311 (88)
462 CHARLOTT	TË ST	P O BOX	623							
WINTER GARD			GARDEN FL 3477	77			DO NOT WEI	TE IN THIS SPACE	:	
U\$							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
							,			
· · · · · · · · · · · · · · · · · ·		9- 14-35	Add				03/25/1992 4. FEI Number	· ·	Applied	For
2. Principal F	Place of Business	\vdash	2a. Mailing Address				59-3113008	Not Applicable		
21	4 -1-		Suite, Apt. #, etc.				\$8.75 Additional			
Suite, Apt.	. #, etc.	—	27				5. Certifcate of Status Desired	1 1	e Require	
City & Sta	to		& State			-	6. Election Campaign Financing	_ \$5	.00 May	Be
一 ・	10	28					Trust Fund Contribution		ded to Fe	
23 Zip	Country	Zip		Cor	untry		8. This corporation owes the curr	ent year Intangible		
24	25	29		30	•		Personal Property Tax.	☐Yes	□N	0
24]	9. Name and Address of Curre		Agent			- 4	10. Name and Address of New F	Registered Agent		
			_ 		81	Name				
SILC	GUERO, JANE				82	Ctroot Addr	ress (P.O. Box Number is Not Accepta	able)		
462			02	Street Addi	less (F.O. BOX Number is 1401 Accepte	ibioj		ال يعرد دوم		
WIN	ITER GARDEN FL 34787									2 10 112
							The Market	to de vidit Militaria (de la composición de la composición del composición de la com	Zip Cöde	## : 224 27: -270
1					84	City		FL 85	Zip Code	
office or agent. I a	am familiar with, and accept the oblig	gations of, Section	on 607.0505, FI	onda Sta	tutes.		on's board of directors. I hereby accepted when reinstating)	DATE		_
12.		ND DIRECTOR		13.		<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS I	N 12
TITLE	D		☐ DELETE	1.1 T	ITLE			☐ Cha	nge [Addition :
NAME	SILGUERO, JANE			1.2 N	IAME					1
STREET ADDRESS	AAA OLAADI OTTE OT			1.3 5	TREET	ADDRESS				} '
CITY-ST-ZIP	WINTER GARDEN FL			1.4 0	HY-ST	r-ZIP				'
TITLE	0	·-	☐ DELETE	2.1 T	TTLE			☐ Cha	inge [Addition
NAME	SILGUERO, GRACIELA		2.21	2.2 NAME						
STREET ADDRESS	*** ***			2.3 5	TREET	ADDRESS				
CITY-ST-ZIP	WINTER GARDEN FL 34787					•	,			
TITLE	200			2.40	CITY-S1	T-ZIP	,			
NAME			☐ DELETE		CITY-ST	T-ZIP	,	☐ Chi	inge [Addition
STREET ADORESS			☐ DELETE	3.1 T		T-ZIP	,	☐ Ch	inge [] Addition
CITY-ST-ZIP	June (1) Japan Japan (1) Japan Japan (1) Japan		☐ DELETE	3.1 T 3.2 N	ITLE (AME	T-ZIP ADDRESS		☐ Cha	ange [] Addition
TITLE	State State Control of the State Sta		☐ DELETE	3.1 T 3.2 N 3.3 S	ITLE (AME	ADDRESS		☐ Chi	ange [] Addition
	State Andrew		☐ DELETE	3.1 T 3.2 N 3.3 S 3.4.0	ITLE NAME STREET	ADDRESS		☐ Chi		Addition Addition
NAME	State			3.1 T 3.2 N 3.3 S 3.4.0	TITLE LAME STREET CITY-ST	ADDRESS	· · · · · · · · · · · · · · · · · · ·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	DELETE	3.11 3.2 M 3.3 S 3.4.1 4.11 4.21 4.3 S 4.4 C 5.11 5.2 M	TAME STREET CITY-ST TILE NAME STREET CITY-ST TILE NAME	ADDRESS T-ZIP ADDRESS F-ZIP ADDRESS			ange .	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CJTY-ST-ZIP TITLE			□ DELETE	3.11 3.2N 3.3S 3.4.(4.17 4.2I 4.3S 4.4C 5.11 5.2N 5.3S 5.44	ITLE IAME STREET CITY-ST TILE NAME STREET DITLE NAME STREET STREET CITY-ST	ADDRESS T-ZIP ADDRESS F-ZIP ADDRESS			ange [Addition
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: