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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V51215 (4)

1. Corporation Name  
MASSON TRUCKING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4420 E 4TH AVE  
STE 300 ROCHESTER BLDG  
HIALEAH FL 33013  
US

8890 NW 53 ST  
STE 300 ROCHESTER BLDG  
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 4420 East 4th Ave.

26 4420 East 4th Ave.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State Hialeah, FL

28 City & State Hialeah, FL

24 Zip 33013

29 Zip 33013

25 Country US

30 Country US

3. Date Incorporated or Qualified

07/15/1992

4. FEI Number

65-0397173

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SICCARDI, ROSSANA -  
4420 EAST 4TH AVE  
STE 300 ROCHESTER BLDG  
HIALEAH FL 33013

81 Name Rossana Siccardi  
82 Street Address (P.O. Box Number is Not Acceptable)  
4420 East 4th Ave.  
83  
84 City Hialeah FL 85 Zip Code 33013

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Rossana Siccardi, President*

4/28/98

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 P  
NAME SICCARDI, ROSSANA  
STREET ADDRESS 4420 E 4TH AVE  
CITY-ST-ZIP HIALEAH FL

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.

SIGNATURE: *Rossana Siccardi*

4/28/98 (305) 360-8408

CP2E034 (10/97)