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Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90047 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V51215

1. Corporation Name MASSON TRUCKING, INC.

Principal Place of Business

4420 E 4TH AVE HIALEAH FL 33013 US

Mailing Address

4420 EAST 4TH AVE HIALEAH FL 33013 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1992
4. FEI Number 65-0397173
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 the current year Intangible Personal Property Tax. No

2. Principal Place of Business 21 18840 NW 2nd Street Suite, Apt. #, etc. 22 Pembroke Pines FL 23 33029 USA
2a. Mailing Address 26 18840 NW 2nd Street Suite, Apt. #, etc. 27
28 Pembroke Pines FL 29 33029 30 USA

9. Name and Address of Current Registered Agent
SICCARDI, ROSSANA -
4420 EAST 4TH AVE
HIALEAH FL 33013

10. Name and Address of New Registered Agent
81 Name SICCARDI, ROSSANA
82 Street Address (P.O. Box Number is Not Acceptable) 18840 NW 2nd Street
83
84 City Pembroke Pines, FL 85 Zip Code 33029

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 [Signature] DATE 4/6/99

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, 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: [Signature] SIGNATURE REQUIRED DATE 4/6/99 (954) 441-8586

CR2E034 (11/98)