

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

**FILED**  
**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

2. Principal Place of Business  
 21 **18840 NW 2nd Street**  
 Suite, Apt. #, etc.  
 22 **Pembroke Pines FL**  
 City & State  
 23 **33029 USA**  
 Zip Country  
 24 **33029** 25 **USA**

2a. Mailing Address  
 26 **18840 NW 2nd Street**  
 Suite, Apt. #, etc.  
 27 **Pembroke Pines FL**  
 City & State  
 28 **33029 USA**  
 Zip Country

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 the current year Intangible Personal Property Tax.  Yes  No

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 *Siccardi*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/6/99**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SICCARDI, ROSSANA</b>                            | 1.2 NAME  | <b>Siccardi, Rossana</b>   |
| STREET ADDRESS             | <b>4420 E 4TH AVE</b>                               | 1.3 STREET ADDRESS                                    | <b>18840 NW 2nd Street</b>   |
| CITY-ST-ZIP                | <b>HIALEAH FL</b>                                   | 1.4 CITY-ST-ZIP                                       | <b>Pembroke Pines, FL 33029</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 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, with all other like empowered.

SIGNATURE: *Siccardi* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/6/99** (954)  
 DAYTIME PHONE # **441-8586**

CR2E034 (11/98)