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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** V68559 (6)

## **FILED** Jun 30 1998 8:00am Secretary of State

	TRUCKING DEVELOPERS	CORP, Mailing Address		
10356 S.W. 3RD ST. 10356 S.W. 3RD ST. MIAMI FL 33174			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified
	<u> </u>			10/05/1992
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0361106 Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional Fee Required
City & Sta	ite :	City & State		Election Campaign Financing \$5.00 May Be
23	Country	[28]	1 0	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curr	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30	Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent
D/	ODRIGUEZ, ZENAIDA		81 Name	141 Janua and Language of their trafferdied Willist
10	00450e2, Zenaida 0356 S.W. 3RD ST. IAM(FL 33174		82 Street	Address (P.O. Box Number is Not Acceptable)
	•		84 City	85 Zip Code
	<u> </u>			FL   T
SIGNATURE	Signature typed or printed name of registered	agenr and title if applicable. (NO	Boundrized by the corplorida Statutes.  TE: Registered Agent signature	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
†ITLE ≝	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, REINOL		12 NAME	
STREET ADDRESS	10358 S.W. 3RD ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-ST-ZIP	
NAME	<b>ŞT</b> D <b>Ro</b> driguez, Zenaida	☐ DETELE	2.1 TITLE	Li Change Li Addition
STREET ADDRESS	10356 S.W. 3RD ST.		2.2 NAME	
	MIAMI FL		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	THOM I'L	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME	2		3.2 NAME	Common Common
STREET ADDRESS	į		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	:	☐ DELETÉ	4.1 TITLE	☐ Change ☐ Addition
NAME	7		4. 2 NAME	
STREET ADDRESS		.e	4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	á	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
HANE	9 #		5.2 NAME	45
STREET ADDRESS			5.3 STREET ADDRESS	١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١
CITY-ST-ZIP			5.4 CITY-ST-ZIP	6.20
TITLE		DELETE.	6.1 TITLE	☐ Change ☐ Addition
NAME	ž.		6.2 NAME	200002577352
			*** *** ****	F
STREET ADDRESS	·		6.3 STREET ADDRESS	+0 <b>7/</b> 91/98110540 <b>48</b> * <b>**15</b> 8.75

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 roceiver 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 apprecia.