

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 443296 (9)**  
1. Corporation Name  
**TIFFANY TRANSPORTATION COMPANY, INCORPORATED**



Principal Place of Business: **7985 NW 21 STREET MIAMI FL 33122 US**  
Mailing Address: **P.O. BOX 591965 AMC MIAMI FL 33159-1965 US**

3. Date Incorporated or Qualified: **01/08/1974**  
3a. Date of Last Report: **01/24/1995**  
4. FEI Number: **59-1502079**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

**9. Name and Address of Current Registered Agent**

**DUNWODY, ELLIOT III  
186 S.W. 13TH ST.  
MIAMI FL 33130**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

**12. OFFICERS AND DIRECTORS**

12.1 TITLE	<input type="checkbox"/> DELETE
12.2 NAME	<b>P AVERSA, JOSEPH F.</b>
12.3 STREET ADDRESS	<b>100 BAYVIEW DR. APT 1117</b>
12.4 CITY-STATE-ZIP	<b>MIAMI BEACH FL</b>
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	<b>V ANNA L AVERSA</b>
12.7 STREET ADDRESS	<b>2950 NE 164TH STREET</b>
12.8 CITY-STATE-ZIP	<b>N MIAMI BEACH FL</b>
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	<b>ST LINDA G AVERSA</b>
12.11 STREET ADDRESS	<b>100 BAYVIEW DRIVE #1117</b>
12.12 CITY-STATE-ZIP	<b>MIAMI BEACH FL</b>
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-STATE-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/19/96**

CR2E034 (12/95)