


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

**FILED**  
97 MAY -5 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra W. Northing<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

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

|  |   |
|--|---|
| Principal Place of Business<br>7985 NW 21 STREET<br>MIAMI FL 33122<br>US | Mailing Address<br>P.O. BOX 591865 AMC<br>MIAMI FL 33159-1865<br>US |
|--|---|



|                                |    |                         |    |  |                                       |
|--------------------------------|----|-------------------------|----|--|---------------------------------------|
| 2. Principal Place of Business |    | 2a. Mailing Address     |    | 3. Date Incorporated or Qualified<br>01/08/1974  | 3a. Date of Last Report<br>01/24/1996 |
| 21                             | 22 | 23                      | 24 | 4. FEI Number<br>59-1502079  | Applied For<br>Not Applicable         |
| 22. Suite, Apt. #, etc.        |    | 27. Suite, Apt. #, etc. |    | 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required        |
| 23. City & State               |    | 28. City & State        |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees           |
| 24. Zip Country                |    | 29. Zip Country         |    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent            |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| DUNWODY, ELLIOT III<br>186 S.W. 13TH ST.<br>MIAMI FL 33130 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AVERSA, JOSEPH F.                  | 1.2 NAME  |   |
| STREET ADDRESS             | 100 BAYVIEW DR. APT 1117           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI BEACH FL                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ANNA L AVERSA                      | 2.2 NAME  |   |
| STREET ADDRESS             | 2950 NE 164TH STREET               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | N MIAMI BEACH FL                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LINDA G AVERSA                     | 3.2 NAME  |   |
| STREET ADDRESS             | 100 BAYVIEW DRIVE #1117            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI BEACH FL                     | 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 do 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: *[Signature]* 1/3/97 592-3307