## **FILE NOW: FILING FEE IS \$61.25**

SIGNATURE:

NONPROFIT Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT** # (5)LOVE TRANSPORTATION, INC. Principal Place of Business Mailing Address 3620 NW 22 AVE 3620 NW 22 AVE 3. Date Incorporated or Qualified MIAMI FL 33142 MIAMI FL 33142 02/04/1983 4. FEI Number Applied For 59-2285951 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be Election Campaign Financing 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AVRACH, STEPHEN J. ESO. 82 901 ARTHUR GODFREY RD. ALAMI BCH. FL 33140 Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE Addition GONZALEZ, RUDY 1.2 NAME 3620 NW 22 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE Addition NAME GONZALEZ, RUDY 2.2 NAME 3620 NW 22 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE **GONZALEZ, RODOIFO** NAME 3.2 NAME 3620 NW 22 AVE. 3.3 STREET ADDRESS STREET ADDRESS MIAM# FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME GONZALEZ, ANA R. 4. 2 NAME 3620 NW 22 AVE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-7JP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address.

3-30-88

(305)638-1111

**FILED**