

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

**APPROVED  
AND  
FILED**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

96 MAY -1 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K48909 (1)**

1. Corporation Name  
**MORRISON TRANSPORT CORPORATION**



Principal Place of Business: **1036 SW 1ST ST. MIAMI FL 33130**  
Mailing Address: **1036 SW 1ST ST. MIAMI FL 33130**

2. Principal Place of Business: **21 2300 CORAL WAY**  
22 Suite, Apt. #, etc.  
23 City & State: **MIAMI FLORIDA,**  
24 Zip: **33145** 25 Country: **US.**  
2a. Mailing Address: **26 2300 CORAL WAY**  
27 Suite, Apt. #, etc.  
28 City & State: **MIAMI FLORIDA,**  
29 Zip: **33145** 30 Country: **US.**

3. Date Incorporated or Qualified: **12/05/1988** 3a. Date of Last Report: **04/27/1995**  
4. FEIN Number: **65-0088884** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **FLORIDA ANNUAL REPORT SERVICES INC. 1036 S.W. 1 ST. MIAMI FL 33130**  
10. Name and Address of New Registered Agent: **81 Name: FLORIDA ANNUAL REPORT SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200 83 84 City: MIAMI FL 85 Zip Code: 33145**

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 as set forth in this 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 607.0509, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PR 3S** **4-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, CLAUDIO</b>	2. NAME	
STREET ADDRESS	<b>3170 S.W. 111TH AVENUE</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4. CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, GILDA MARIA</b>	6. NAME	
STREET ADDRESS	<b>2451 BRICKELL AVE.</b>	7. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

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\*\*\*\*200.00 \*\*\*\*200.00

*[Handwritten signature]*

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)(k), 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. Print an attachment with an address.

SIGNATURE: *[Signature]* **CLAUDIO RODRIGUEZ** **4/29/96**

CR2E034 (12/95)