

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

APPROVED  
AND  
FILED

99 APR -9 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **12/05/1988**
- 4. FEI Number: **65-0088884**  Applied For  Not Applicable
- 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required
- 6. Election Campaign Financing:  **\$5.00** May Be Added to Fees
- 8. This Corporation owns the current year Intangible Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **K48909**  
1. Corporation Name  
**MORRISON TRANSPORT CORPORATION**

Principal Place of Business: **2300 CORAL WAY #200 MIAMI FL 33145**  
Mailing Address: **2300 CORAL WAY #200 MIAMI FL 33145**

2. Principal Place of Business: **21 2300 CORAL WAY**  
Suite, Apt. #, etc.: **22 SUITE # 200**  
City & State: **23 MIAMI FLORIDA**  
Zip: **24 33145** Country: **25 U.S.**

2a. Mailing Address: **26 2300 CORAL WAY**  
Suite, Apt. #, etc.: **27 SUITE # 200**  
City & State: **28 MIAMI FLORIDA**  
Zip: **29 33145** Country: **30 U.S.**

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC.**  
**2300 CORAL WAY #200 MIAMI FL 33145**

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 607.0502 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. The duly accepted appointment of a registered agent is attached hereto and accepted the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES.**

**3/27/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	[ ] DELETE
NAME	<b>RODRIGUEZ, CLAUDIO</b>	
STREET ADDRESS	<b>3170 S.W. 111TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	[ ] DELETE
NAME	<b>RODRIGUEZ, GILDA MARIA</b>	
STREET ADDRESS	<b>2451 BRICKELL AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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**-04/12/99--01138-012**  
**\*\*\*\*150.00 \*\*\*\*150.00**

*[Handwritten signature]*

**3/27/99**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered.

SIGNATURE: *[Signature]*  
CLAUDIO RODRIGUEZ, PRES.

0217922

CR2E034 (11/98)