

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jan 31 1996 8:00 am  
Secretary of State

DOCUMENT # **K64457** (0)

1. Corporation Name

**ZUNI TRANSPORTATION, INC.**

Principal Place of Business

Mailing Address

**C/O KEITH T. GRUMER**  
**4925 SW 122 AVE**  
**MIAMI FL 33175**  
**US**

**C/O KEITH T. GRUMER**  
**200 S BISCAYNE BLVD 20 FL**  
**MIAMI FL 33131-2310**  
**US**

3. Date Incorporated or Qualified  
**02/09/1989**

3a. Date of Last Report  
**04/17/1995**

4. FEI Number

**65-0121597**

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

2. Principal Place of Business

2a. Mailing Address

21 **90 N.W. 137 AVE.**

26 Suite, Apt. #, etc.

22 **MIAMI, FL.**

27 City & State

23 **33182** **USA**

28 Zip Country

24 **33182** **USA**

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRUMER, KEITH T.**  
**200 S BISCAYNE BLVD**  
**20 FL**  
**MIAMI FL 33131**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**1/26/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD HIDALGO, EXZUN L.**

STREET ADDRESS **4925 SW 122 AVE**

CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **STD AZOR, JORGE E.**

STREET ADDRESS **4925 SW 122 AVE**

CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**90 NW 137 AV**

**MIAMI, FL. 33182**

**90 NW 137 AV**

**MIAMI, FL. 33182**

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/26/96**

**305 225 5500**

CR2E034 (12/95)