

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # L66906

(3)

1. Corporation Name
J. M. TRANSPORTATION, INC.



Principal Place of Business
2917 NW 99TH AVENUE
MIAMI FL 33172
US

Mailing Address
2917 NW 99TH AVENUE
MIAMI FL 33172-1062
US

3. Date Incorporated or Qualified 04/20/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0189944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ARIAS, JOHN
2917 NW 99TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0602 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 understand with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registration of Agent signature required when re-issuing) _____ DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE DELETE

2. NAME **ARIAS, JOHN**

3. STREET ADDRESS **2917 NW 99TH AVENUE**

4. CITY-STATE-ZIP **MIAMI FL 33172**

5. TITLE DELETE

6. NAME **ARIAS, MARIA C**

7. STREET ADDRESS **2917 NW 99TH AVENUE**

8. CITY-STATE-ZIP **MIAMI FL 33172**

9. TITLE DELETE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE DELETE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-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 supplementary 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 this attachment with an address.

SIGNATURE: *[Signature]* **JOHN ARIAS PRES** 3/13/97 (305) 718-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)