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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000020626 (5)

AAAA-1321 S.W. 107 AVE. TRAFFIC SCHOOL INC.

appears in Block 12 or Block 13 if changed, or

Principal Place of Business Mailing Address 1321 S.W. 107 AVE. 1321 S.W. 107 AVE. # 213A # 213A MIAMI FL 33174-2521 MIAMI FL 33174 3a. Date of Last Report 3. Date Incorporated or Qualified 03/17/1994 02/27/1996 2a. Mailing Address 4. FFI Number 2. Principal Prace of Business Applied For 65-0494042 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intapgible tax under s. 199.032, ☑ Yes □ No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MUNOZ, ALBERTO 440 E. 23 STREET 82 Street Address (P.O. Box Number is Not Acceptable) # 1316 83 HIALEAH FL 33013 84 City Zip Code 85 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. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stylishoo, typed or produce carried to galered agent and tille it approaches (NOTE Registered Agent signature required when reinstating) (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. \_\_ DELETE Change Addition 11 TITLE 1011.6 MUNOZ, ALBERTO 1.2 NAME NAME **32E034** 440 E. 23 STREET, # 1316 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 1.4 CITY - ST - ZIP CHTY-ST-7-P DELETE ☐ Change Addition THLE 21 TITLE NAME 2 2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CHY-ST ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 011Y+S1-2IP 4.4 CITY - ST - ZIP DELETE Addition TIPLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 CITY-ST-ZIP CITY - ST- ZIE 14. I do hereby cert by 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

an attachment with an address.