

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

10F2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000073409 (1)

1. Corporation Name

ROUTES OF AMERICA, INC.



Principal Place of Business: % LAD.201 S. BISCAYNE BOULEVARD, 1600 MIAMI CENTER, MIAMI FL 33131  
Mailing Address: % LAD.201 S. BISCAYNE BOULEVARD, 1600 MIAMI CENTER, MIAMI FL 33131

3. Date Incorporated or Qualified: 09/22/1995  
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.  
4. FEI Number: [checked] Applied For: [X] 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 has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BOULEVARD  
1600 MIAMI CENTER  
MIAMI FL 33131

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 400001889384  
84 City: ~~07/10/96~~ 01033-8000 029  
\*\*\*225.00 FL 185 Zip Code

I, 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 typed or printed name of registered agent and title (if applicable) (If (F.L. registered) Agent signature required when re-filing) (DA)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D Ormeno Carrera, Joaquin U.
STREET ADDRESS		1.3 STREET ADDRESS	320 Atlantic Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ormeno Malone, Luis J.
STREET ADDRESS		2.3 STREET ADDRESS	320 Atlantic Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Ormeno Malone, Julio C.
STREET ADDRESS		3.3 STREET ADDRESS	320 Atlantic Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Key Biscayne FL 33149
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ormeno Malone, Cecilia M.
STREET ADDRESS		4.3 STREET ADDRESS	320 Atlantic Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	P Mestanza Cueva, Roque
STREET ADDRESS		5.3 STREET ADDRESS	1282 Chalkstone Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Providence, RI 02908
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Ormeno Malone, Mercedes I.
STREET ADDRESS		6.3 STREET ADDRESS	320 Atlantic Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Key Biscayne, FL 33149

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

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ATTACHMENT TO ANNUAL REPORT OF  
ROUTES OF AMERICA, INC.

Additional Director of Routes of America, Inc.

Maria del Rosario Ormeno Malone  
320 Atlantic Road  
Key Biscayne, FL 33149