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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075837 (1)

AVANTI TRANSPORT, INC.

**FILED** Feb 03 1997 8:00am Secretary of State

Principal Place of Business  1036 S.W. 154TH CL CT.  105  MIAMI FL 38196  MIAMI FL 38116-1620  US					3. Date Incorporated or Qualified 3a. Date of Last Report		
/ \			_	·	10/03/1995	05/01/1996	
	Tace of Business 50 SW 149 1		ng Address		4. FEI Number 65-0610831	<del></del>	Applied For Not Applicable
Suite, Apt		Suite	, Apt #, etc.		5. Certificate of Status Desired	<b>58.75</b>	Additional Required
City & State  City & State  City & State  City & State  23 NiAMi, FL  28				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
7ip 3.2	Country 25	7ip	:	Country .	8. This corporation has liability for	iptangible tax under Yes \[ \] No	s. 199.032,
85 G STE. MIAI 11. Pursuant office or r	registered agent or both, is the St ani familiar with, and accept the of	0502 and 607, 150 late of Florida. Su bligations of, Sect	08, Florida Statute ich change was au tion 607.0505, Flor	83 Report	10. Name and Address of New Floring  I (4 n	7 Ave 7 FL 85 Z	# 7 // p Code 33 3 its registered as registered
		d agent and trie if applic AND DIRECTORS		Registered Agent signature requ	uired when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE /	ODS IN 12
12. TITLE	PT	AND DIRECTORS	DELETE	1,1,TITLE	ADDITIONS/CHANGES TO OFFIC	LA Chang	
NAME	GRAJALES, LILIANA			1,2 NAME	•	7	
STREET ADDRESS	8550 SW 149 AVE., #71+	#711		1.3 STREET ADDRESS		•	
City - St - ZiP	MIAMI FL 33193	. ,		1.4 CITY-ST-ZIP		۸.	
TITLE	V8		DELETE	2.1 TITLE		Chang	e 🔲 Additio
NAME	VELASQUEZ, GUSTAVO			2.2 NAME		77	-
STREET ADDRESS	8550 SW 149 AVE., #7+1	#711		2.3 STREET ADDRESS			
CITY-ST-ZP	MIAMI FL 33193	** *		2 4 CITY-ST-ZIP			
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			DELETE	4.1 TITLE 4. 2 NAME		Chang	e 🔲 Additio
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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 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 officed or officed or 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:

Daytime Phone #