SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 13, 1999 8:00 am
Secretary of State
07-13-1999 90001 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075837

1. Corporation Name
AVANTI TRANSPORT, INC.

Principal Place of Business	Mailing Address
8550 SW 149TH AVENUE #711 MIAMI FL 33193 US	P. O. BOX 161620 #105 MIAMI FL 33116 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1995

2. Principal Place of Business	2a. Mailing Address
21 4770 GRAPEVINE WAY	26 4770 GRAPE VINE WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DAVIE, FL	City & State 28 DAVIE, FL
Zip 24 33331 Country 25 USA	Zip 29 33331 Country 30

4. FEI Number: 65-0610831 ☐ 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 owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAJALES, LILANA
8550 8550 SW 149TH AVENUE #711
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name: LILIANA GRAJALES
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4770 GRAPEVINE WAY
84 City: DAVIE FL 85 Zip Code: 33331

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: _____ 07-06-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	GRAJALES, LILIANA		1.2 NAME	LILIANA GRAJALES	
STREET ADDRESS	~~8550 SW 149 AVE., #71~~		1.3 STREET ADDRESS	4770 GRAPEVINE WAY	
CITY-ST-ZIP	~~MIAMI FL 33193~~		1.4 CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	VS	☐ DELETE	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	VELASQUEZ, GUSTAVO		2.2 NAME	GUSTAVO VELASQUEZ	
STREET ADDRESS	~~8550 SW 149 AVE., #71~~		2.3 STREET ADDRESS	4770 GRAPEVINE WAY	
CITY-ST-ZIP	~~MIAMI FL 33193~~		2.4 CITY-ST-ZIP	DAVIE, FL 33331	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

14. I 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 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: _____ 07-06-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

586731-90001-7
P95000075837

AVANTI TRANSPORT INC.
4770 GRAPEVINE WAY
DAVIE, FL 33331

Tuesday, July 06, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: MISSING ANNUAL REPORT

We regret to tell you that we never received the first notice to collect the annual dues. As a matter of fact, we are taking all the necessary steps to prevent this from happening again. As you can see, we moved our business location to

4770 GRAPEVINE WAY
DAVIE, FL 33331

and the mail was not forwarded by the post office. We did not intentionally forgot to pay the annual dues since we have no records of receiving the notices. Please, accept the enclosed check and we respectfully ask for the additional fees to be abated.

We thank you in advance for your time and understanding to our special request. If you have any question, do not hesitate to contact us at (954) 252-1768.

Sincerely yours,

LILIANA GRAJALES - PRESIDENT