

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

FILED
May 06 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 # **P96000022553**

1. Corporation Name
Coastal Transport Services, Inc.
7500 NW 82 Place
Miami, Fl. 33166

Principal Place of Business: **7500 NW 82 Place Miami, Fl. 33166**
 Mailing Address: **same**

3. Date Incorporated or Qualified: **3-13-96**
 3a. Date of Last Report

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**

4. FEI Number: **65-0663197**
 Applied For:
 Not Applicable:

Suite, Apt. #, etc: **22**
 Suite, Apt. #, etc: **27**

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

City & State: **23**
 City & State: **28**

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

Zip: **24** Country: **25**
 Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Florentino Rod Rodriguez
4950 NW 72 Avenue
Miami, Fl. 33166-5621

10. Name and Address of New Registered Agent
 B1 Name: **Richard Krissel**
 B2 Street Address (P.O. Box Number is Not Acceptable): **7500 NW 82 Place**
 B3
 B4 City: **Miami** FL B5 Zip Code: **33166**

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: *[Signature]* **Richard Krissel** DATE: **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President <input checked="" type="checkbox"/> DELETE	NAME: Florentino Rodriguez	1.1 TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Jorge Dones
STREET ADDRESS: 4950 NW 72 AVE	CITY-ST-ZIP: Miami, Fl. 33166	1.3 STREET ADDRESS: 7500 NW 82 Place	1.4 CITY-ST-ZIP: Miami, Fl. 33166
TITLE: <input type="checkbox"/> DELETE	NAME:	2.1 TITLE: Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Angel J. Dones
STREET ADDRESS:	CITY-ST-ZIP:	2.3 STREET ADDRESS: 7500 NW 82 Place	2.4 CITY-ST-ZIP: Miami, Fl. 33166
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: Secretary + Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Richard Krissel
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS: 7500 NW 82 Place	3.4 CITY-ST-ZIP: Miami, Fl. 33166
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

200002175212
 -05/12/97--01120--003
 ***165.00

[Signature] **4/28/97**

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 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: *[Signature]* **Richard Krissel** DATE: **4/28/97** (305)594-0598

CR2E034 (9/96)