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Jun 02 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 # P96000051977 (2)

1. Corporation Name
TRI-MODAL SERVICES INC.



Principal Place of Business
1940-44 N.W. 82ND AVENUE MIAMI FL 33126

Mailing Address
1940-44 N.W. 82ND AVENUE MIAMI FL 33126-1012

3. Date Incorporated or Qualified **06/17/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0680358** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOMEZ, MARIO A
 1940-44 N.W. 82ND AVENUE
 MIAMI FL 33126**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PD**
 NAME **GOMEZ, GERARDO**
 STREET ADDRESS **1940-44 N.W. 82ND AVENUE**
 CITY- ST- ZIP **MIAMI FL 33126**

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY- ST- ZIP

TITLE **VPD**
 NAME **GOMEZ, MARIO A**
 STREET ADDRESS **1940-44 N.W. 82ND AVENUE**
 CITY- ST- ZIP **MIAMI FL 33126**

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY- ST- ZIP

TITLE **SD**
 NAME **STEVEKING, CARLOS**
 STREET ADDRESS **1940-44 N.W. 82ND AVENUE**
 CITY- ST- ZIP **MIAMI FL 33126**

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY- ST- ZIP

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 a 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: **CARLOS STEVEKING** 4/27/97 (305) 5991057
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)