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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000012783

1. Corporation Name
LAPU-LAPU TRANSPORTATION, INC.



Principal Place of Business
 1720 CLEVELAND STREET #211W HOLLYWOOD FL 33020

Mailing Address
 2668 NW 99TH AVE CORAL SPRINGS FL 33065 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/07/1997	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0737837	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
24		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		<input type="checkbox"/>	
26		31		8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
27		32			
28		33			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHUTZE, PETER E 1720 CLEVELAND STREET #211W HOLLYWOOD FL 33020				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/C/M	1.1 TITLE	V/T/S
NAME	SCHUTZE, PETER E	1.2 NAME	Cheryl A. Schütze
STREET ADDRESS	1720 CLEVELAND ST. #221W	1.3 STREET ADDRESS	2668 NW 99th Ave
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	VP	2.1 TITLE	
NAME	BANDRICH, RICARDO	2.2 NAME	
STREET ADDRESS	AVE LOS HERMANOS #24, GUAPILES	2.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA RICA S.	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	FARMER, DAN	3.2 NAME	
STREET ADDRESS	1933 PEMBROKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Peter E. Schütze* Peter E. Schütze, Pres. 5-1-99 954 796-8775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)