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Feb 14 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 # P94000021869 (0)

1. Corporation Name
J.V. TRANSPORT INC.



Principal Place of Business
462 EAST 39TH ST.
HIALEAH FL 33013

Mailing Address
462 EAST 39TH ST.
HIALEAH FL 33013-2727

3. Date Incorporated or Qualified 03/22/1994	3a. Date of Last Report 03/25/1996
4. FEI Number 65-0464180	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. SAME Suite, Apt. #, etc.	2a. Mailing Address 26. PO BOX 3188 Suite, Apt. #, etc.
22. City & State 23. Hialeah FLA Zip 24. 33013	27. City & State 28. Hialeah FLA Zip 29. 33013
Country 25. USA	Country 30. USA

9. Name and Address of Current Registered Agent

VALDES, MARIA T
462 EAST 39TH ST.
HIALEAH FL 33013

10. Name and Address of New Registered Agent

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

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: *Maria T. Valdes* DATE: 1-11-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	☐ Change ☐ Addition
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY - ST - ZIP	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	2.1 TITLE	2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY - ST - ZIP	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	3.1 TITLE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	4.1 TITLE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY - ST - ZIP	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	5.1 TITLE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY - ST - ZIP	5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	6.1 TITLE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	6.4 CITY - ST - ZIP	6.4 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 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: *Maria T. Valdes* DATE: 2-10-97 35557-7126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)