

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

FILED  
Apr 03 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 # P94000089260 (1)

1. Corporation Name  
GEO TRANSPORTATION, INC.



Principal Place of Business  
P.O. BOX 650697  
MIAMI FL 33265

Mailing Address  
425 E 13TH STREET P.O. BOX 650697  
MIAMI FL 33265

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 P. O. BOX 650697		26 P. O. BOX 650697		12/09/1994		04/24/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA		65-0551917		Not Applicable	
24 33265		29 33265		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 DADE		30 DADE		<input type="checkbox"/>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
CABRERA, JORGE L		81 Name		Trust Fund Contribution		<input type="checkbox"/>	
425 EAST 13 STREET P.O. BOX 650697		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
MIAMI FL 33265		83					
		84 City		MIAMI		FL	
		85 Zip Code		33265			

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	PD	11 TITLE	1601 SW 99TH CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABRERA, JORGE	12 NAME	MIAMI FL 33165		
STREET ADDRESS	425 E 13 STREET	13 STREET ADDRESS	P.O. BOX 650697		
CITY-ST-ZIP	MIAMI FL 33265	14 CITY-ST-ZIP	MIAMI, FL 33265		
TITLE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22 NAME			
STREET ADDRESS		23 STREET ADDRESS			
CITY-ST-ZIP		24 CITY-ST-ZIP			
TITLE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP		34 CITY-ST-ZIP			
TITLE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP			
TITLE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		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 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 in this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0114516

CR2E034 (9/96)