

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

**FILED**  
**Sep 17 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 # M81645 (7)**  
 1. Corporation Name  
**URRA TRANSPORT, INC.**



Principal Place of Business  
**2807 BELLWOOD DR  
 P O BOX 2512  
 BRANDON FL 33511**

Mailing Address  
**2807 BELLWOOD DR  
 P O BOX 2512  
 BRANDON FL 33511-7141**

3. Date Incorporated or Qualified **05/12/1988** 3a. Date of Last Report **08/07/1996**

2. Principal Place of Business  
 21 **7102 Causeway Blvd** 2a. Mailing Address **P.O. Box 2512**  
 Suite, Apt. #, etc.  
 22  
 City & State **TAMPA, FL** 27  
 City & State **BRANDON, FL**  
 Zip **33619** Country **Hillb.** 28 Zip **33511** Country **Hillb.**  
 24 25 29 30

4. FEI Number **59-2889548** 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

9. Name and Address of Current Registered Agent  
**SALEM, RICHARD J., ESQ.  
 101 E. KENNEDY BLVD.  
 #3200  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent  
 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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* 8/29/97  
 Signature, typed or printed by the registered agent, is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>URRA, JESSE M</b>	
STREET ADDRESS	<b>2807 BELLWOOD DR.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>URRA, JESSE M.</b>	
STREET ADDRESS	<b>3107 CREEK GLEN CT.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>URRA, JESUS</b>	
STREET ADDRESS	<b>7102 CAUSEWAY BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>URRA-DELA PAZ, VIVAN</b>	
STREET ADDRESS	<b>905 BUCK CT.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>URRA, BEATRIZ</b>	
STREET ADDRESS	<b>2807 BELLWOOD DR.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *[Signature]* 9/17/97 817-170-1997

CR2E034 (9/96)