

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

FILED

Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000021869 (0)**

1. Corporation Name

J.V. TRANSPORT INC.

Principal Place of Business

**462 EAST 39TH ST.
HIALEAH FL 33013**

Mailing Address

**PO BOX 3188
HIALEAH FL 33013
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1994	
21 SAME		26 SAME		4. FEI Number 65-0464180	Applied For ☐ Not Applicable ☐
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Zip	Country	29 Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
☐ DELETE	PD VALDES, MARIA T 462 EAST 39TH STREET HIALEAH FL 33013	☐ Change ☐ Addition	
☐ DELETE		1.3 STREET ADDRESS	
☐ DELETE		1.4 CITY-ST-ZIP	
☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
☐ DELETE		2.2 NAME	
☐ DELETE		2.3 STREET ADDRESS	
☐ DELETE		2.4 CITY-ST-ZIP	
☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
☐ DELETE		3.2 NAME	
☐ DELETE		3.3 STREET ADDRESS	
☐ DELETE		3.4 CITY-ST-ZIP	
☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
☐ DELETE		4.2 NAME	
☐ DELETE		4.3 STREET ADDRESS	
☐ DELETE		4.4 CITY-ST-ZIP	
☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
☐ DELETE		5.2 NAME	
☐ DELETE		5.3 STREET ADDRESS	
☐ DELETE		5.4 CITY-ST-ZIP	
☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
☐ DELETE		6.2 NAME	
☐ DELETE		6.3 STREET ADDRESS	
☐ DELETE		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.

SIGNATURE:

Elaine Teresa Valdes

3-2-98

CR2E034 (10/97)