FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 205918 (6)

1. Corporation Name
MIAMI TRANSFER COMPANY, INC.

Principal Place of Business	Mailing Address
10340 N.W. 37TH AVENUE P.O. BOX 680579 MIAMI FL 33168-0579	10340 N.W. 37TH AVENUE P.O. BOX 680579 MIAMI FL 33168-0579

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1957
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0822319 ☐ Applied F ☐ Not Applic

5. Certificate of Status Desired ☐ $8.75 Addition. 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

RESIDENT AGENTS CORPORATION OF FLORIDA
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131-2805

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	HYDE, ROBERT J	12 NAME	
STREET ADDRESS	12573 NEW BRITTANY BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	OLIVER, SHERRILL	22 NAME	
STREET ADDRESS	2955 EAST 11TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BURNER, BARBARA	32 NAME	
STREET ADDRESS	1533 SUNSET #150	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	UTVICH, MICHAEL	42 NAME	
STREET ADDRESS	10340 N.W. 37TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	UTVICH, LORNA RANDALL	52 NAME	
STREET ADDRESS	10340 N.W. 37TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	DVP	61 TITLE	☐ Change ☐ Addition
NAME	SIDDALL, BRIAN	62 NAME	
STREET ADDRESS	9606 BRYANT ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: MICHAEL UTVICH 4/24/95 305 688-2222
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — (Daytime Phone)

0430280 FP