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May 09 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 # 205918 (6)

1. Corporation Name
MIAMI TRANSFER COMPANY, INC.



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

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

3. Date Incorporated or Qualified 09/14/1957
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-0822319

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RESIDENT AGENTS CORPORATION OF FLORIDA~~
~~799 BRICKELL PLAZA~~
~~SUITE 900~~
~~MIAMI FL 33101-2805~~

81 Name

Patrick C. BARTHE, Esq

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

200 S. Biscayne Blvd

83

Ste 1800

84 City

Miami

FL

85 Zip Code

33131

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HYDE, ROBERT J	
STREET ADDRESS	12573 NEW BRITTANY BLVD	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLIVER, SHERRILL	
STREET ADDRESS	2855 EAST 11TH STREET	
CITY - ST - ZIP	HALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BURNER, BARBARA	
STREET ADDRESS	4000 LIPSCOMB ST. NE SUITE#9	
CITY - ST - ZIP	PALM BAY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	UTVICH, MICHAEL	
STREET ADDRESS	10340 N.W. 37TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	UTVICH, LORNA RANDALL	
STREET ADDRESS	10340 N.W. 37TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SIDDALL, BRIAN	
STREET ADDRESS	9608 BRYANT ROAD	
CITY - ST - ZIP	LITHIA FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. EUBRINGHAM, PHILIP D.
2.3 STREET ADDRESS	2602 SAN DOMINGO ST.
2.4 CITY - ST - ZIP	CORAL GABLES, FLA 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D. GIRTMAN, CHARLES
3.3 STREET ADDRESS	744 TIDALPOD AVE.
3.4 CITY - ST - ZIP	CORAL GABLES, FLA 33143
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 checked="" type="checkbox"/> Addition
6.2 NAME	DVP SIDDALL, DALE G.
6.3 STREET ADDRESS	9615 S.W. 24TH ST. APT 315
6.4 CITY - ST - ZIP	MIAMI, FLA 33165

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: MICHAEL UTVICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0229734

CR2E034 (9/96)