FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **613941** **(4)**

1. Corporation Name

SUNSHINE TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
3636 NW 22ND AVE MIAMI FL 33142	3636 NW 22ND AVE MIAMI FL 33142

3. Date Incorporated or Qualified: 03/22/1979
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21 3111 N.W. 27 Ave
22 Suite, Apt. #, etc.:
23 City & State: Miami, Fl.
24 Zip: 33142 25 Country: U.S.A.

2a. Mailing Address
26 P.O. BOX 420769
27 Suite, Apt. #, etc.:
28 City & State: Miami, Fl.
29 Zip: 33242 30 Country: U.S.A.

4. FEI Number: 59-2024279 ☐ 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

HERNANDEZ, GILBERTO
3636 NW 22 AVE
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name: LOPEZ, ORLANDO
82 Street Address (P.O. Box Number is Not Acceptable): 3111 N.W. 27 Ave.
83
84 City: Maimi, FL 85 Zip Code: 33142

11. Pursuant to the provisions of Section 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: Orlando Lopez, D 2-21-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	JIMENEZ, AMERICO	
STREET ADDRESS	3636 N.W. 22ND AVE.	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	P	☒ DELETE
NAME	HERNANDEZ, GILBERTO	
STREET ADDRESS	3636 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☒ DELETE
NAME	PEREZ, AMERICO	
STREET ADDRESS	3636 N.W. 22ND AVE.	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	S	☒ DELETE
NAME	RODRIGUEZ, REINALDO F	
STREET ADDRESS	3642 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	LOPEZ, ORLANDO	
1.3 STREET ADDRESS	3111 N.W. 27 Ave.	
1.4 CITY-ST-ZIP	Miami, Fl. 33142	
2.1 TITLE	P	☐ Change ☐ Addition
2.2 NAME	HERNANDEZ, GILBERTO	
2.3 STREET ADDRESS	3111 N.W. 27 Ave.	
2.4 CITY-ST-ZIP	Miami, Fl. 33142	
3.1 TITLE	T	☐ Change ☐ Addition
3.2 NAME	PEREZ, AMERICO	
3.3 STREET ADDRESS	3111 N.W. 27 Ave.	
3.4 CITY-ST-ZIP	Miami, Fl. 33142	
4.1 TITLE	S	☐ Change ☐ Addition
4.2 NAME	RODRIGUEZ, REINALDO F.	
4.3 STREET ADDRESS	2762 N.W. 62 St.	
4.4 CITY-ST-ZIP	MIami, Fl. 33142	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: P. 2/20/96 305-8850000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #