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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 07 1997 8:00am Secretary of State

DOCUMENT # 675543 1. Corporation Name TRANS-IT, INC. Principal Place of Business 2353 SW 4TH STREET MIAMI FL 33135-9133 (3) Mailing Address 2353 SW 4TH STREET MIAMI FL 33135-9133								
					3. Date Incorporated or Qualified 06/04/1980	3a. Date of 05/01/1	Last Re 996	eport
2. Principat	Place of Business	2a, Mailing Add	iress		4. FEI Number NOT APPLICABLE	<u></u>		plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & St	ate	City & State	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6. Election Campaign Financing		5.00	May Be
2 (ρ	Country			ountry	Trust Fund Contribution 8, This corporation has liability for i			
4	o Name and Address	[29] as of Current Registered Agent	30		Florida Statutes 10. Name and Address of New Re			
CA	BAUY, HENRY	and the state of t		81 Name				
	53 SW 4TH STREET			1-2-	(0 0 B N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-1		
MIAMI FL 33135				82 Street Add	lress (P.O. Box Number is Not Acceptab)(O)		
*****				83				
				84 City		Tak	Zip C	`ad-
						FL 65		
		ept the obligations of, Section 60	nge was authoriz 7.0505, Florida St	ed by the corpora atutes.	poration submits this statement for the pation's board of directors. I hereby accept	ot the appoint	Heilt 25	· ogiotoroa
SIGNATURE	Signature typed or printed name OF	of registered agent and title if applicable.	(NOTE: Register	red Agent signature requi		DATE CERS AND DIP	······································	
SIGNATURE 12. IIILE	Signature typica or printed name	of registered agent and title if applicable.	(NOTE: Register	red Agent signature requ	áred when reinstaing)	DATE CERS AND DIP	ECTOR	S IN 12
SIGNATURE 1 2. Title NAME	Signature typed of printed harne OF PTD CABAUY, HENRY	of registered agent and title if applicable.	(NOTE: Register 13 DELETE 11 1.2	red Agent signature requi	áred when reinstaing)	DATE CERS AND DIP	ECTOR	S IN 12
SIGNATURE 112. III.E NAME STREET ADDRESS	Signature typed of printed hame OF PTD CABAUY, HENRY 2353 S.W. 4TH ST. MIAMI FL	of registered agent and title if applicable.	(NOTE: Register 13 DELETE 11 1.2 1.3	red Agent signature requi- TITLE NAME	áred when reinstaing)	DATE CERS AND DIR	ECTOR: Change	S IN 12
SIGNATURE 12. III.E NAME STREET ADDRESS CHY-ST-ZIP	Signature typed of printed name OF PTD CABAUY, HENRY 2353 S.W. 4TH ST. MIAMI FL SD	of registered agent and tide if applicable. FICERS AND DIRECTORS	(NOTE: Register 13 DELETE 11 1.2 1.3 1.4	red Agent signature requirements TITLE NAME STREET ADDRESS	áred when reinstaing)	DATE CERS AND DIR	ECTOR	S IN 12
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SIGNATURE 12. THE NAME STREET ADDRESS THE NAME STREET ADDRESS	PTD CABAUY, HENRY 2353 S.W. 4TH ST. MIAMI FL SD CABAUY, ZACHARY 11061 S.W. 62ND T	of registered agent and tide if applicable. FICERS AND DIRECTORS	(NOTE: Register 13 DELETE 11 1.2 1.3 1.4 DELETE 2.1 2.2 2.3	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	áred when reinstaing)	DATE CERS AND DIR	ECTOR: Change	S IN 12
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I for indicated on this annual report or supplied until its iming does not qualify not the exemption stated in section 119.07(3)(f), Fibrida statutes, 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 eath; that I am an office of 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 13 if changos, or an all attachment with an address.

SIGNATURE: