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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:28

DOCUMENT # 824602 (7)

1. Corporation Name
LE MARE TRANSPORT, INC.

Principal Place of Business	Mailing Address
7971 NW 76TH AVE MEDLEY FL 33166 US	7971 NW 76TH AVE MEDLEY FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/28/1970
3a. Date of Last Report: 07/08/1994
4. FEI Number: 59-1346239 (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

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

9. Name and Address of Current Registered Agent

TORRES, ALFREDO
13360 SW 46TH ST.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: TORRES CARMEN
82 Street Address (P.O. Box Number is Not Acceptable): 13360 S.W. 46th STREET
83: MIAMI, FLA 33175
84 City: MIAMI FL 85 Zip Code: 33175

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: Carmen Torres 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/C/ST	XX Change ☐ Addition
NAME	TORRES, ALFREDO	1.2 NAME	TORRES, CARMEN	
STREET ADDRESS	13360 SW 46 ST	1.3 STREET ADDRESS	13360 S.W. 46 ST.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, CARMEN	2.2 NAME	DELETE ST STATED IN BOX 12	
STREET ADDRESS	13360 SW 46 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: CARMEN TORRES Carmen Torres 1/13/95 883-0870
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170035 CP