

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

FILED  
Feb 20 1996 8:00 am  
Secretary of State

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
05/28/1970

3a. Date of Last Report  
02/09/1995

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

10. Name and Address of New Registered Agent

TORRES, CARMEN  
13360 S W 46TH STREET  
MIAMI FL 33175

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

*Carmen Torres*  
Signature typed or printed name of registered agent and title if applicable

*CARMEN TORRES President*

(NOTE: Registered Agent signature required when reinstating)

*2/9/96*  
DATE

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PCST  
TORRES, CARMEN  
13360 SW 46 ST  
MIAMI FL

DELETE

2. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

3. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

4. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

5. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

6. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2. 1. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3. 1. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4. 1. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5. 1. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6. 1. TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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: *Carmen Torres* CARMEN TORRES President 2/9/96 221-9842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)