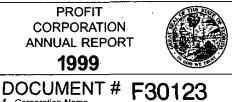
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION. ANNUAL REPORT

1999

DAVID TRANSPORT, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State **Katherine Harris** 03-23-1999 90030 013 ***150.00

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	TR ead into Pic ti ais ir	

Principal Place of Business Mailing Address							ALAIL BIBIT STOLL ST	1911 01811 1881	
3562 NW 79TH ST		3562 NW 79TH ST							
MIAMI FL 33147-4529		MIAMI FL 33147-4529	MIAMI FL 33147-4529			DO NOT WRITE IN THIS	S SPACE	•	
US	•	US				3. Date Incorporated or Qualifed			
						05/12/1981		-	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For	
21		26				59-2096335	Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	I	
		27				J. Certificate of offices Desired	Fee Red	quired	ĺ
City & State		City & State			6. Election Campaign Financing	\$5.00		1	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year In		□No	
24	25	Parietered Arout)			Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Current	Kedistelen Väelit	1	81 N	ame	To. Hame and Address of Non Hegistere	7.90		ĺ
AGU	IAR, ANGEL D	•							
1501 E 8TH CT				82 S	treet Addres	ss (P.O. Box Number is Not Acceptable)		3	i
HIAL	EAH FL 33010		ŀ	83					
			ļ				Tam Trice	S- 4-	
1				84 C	ity	FI	85 Zip C	,ode,	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the at	ove-na	med corpor	ration submits this statement for the purpose of	f changing its	registered	
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was auth	ıorized	by the	corporation	's board of directors. I hereby accept the appo	intment as reg	jistered	
-	Trianinal Will, and accept the obligation				,	•		· · (
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered	Agent sign	nature required v	when reinstating) DATE			(80)
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A			1/0
TITLE	PTD	☐ DELETE	1.1 ΠΪ				Change	☐ Addition	5
NAME	AGUIAR, ANGEL D		1.2 NA						6
STREET ADDRESS	1501 E 8TH CT			REETADO	i			ì	П
CITY-ST-ZIP	HIALEAH FL	☐ DELETE		Y-ST-ZIP	<u> </u>		Change	Addition	5
TITLE -	VSD		2.1 111				۰ـــــــــــــــــــــــــــــــــــ		
NAME	AGUIAR, JUSTA O 1501 E 8TH CT		2.2 NA		NDECC		•		
STREET ADDRESS	HIALEAH FL	1) 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2.351	REET ADD	ness	e transition of the second of		}	١
CITY-ST-ZIP TITLE	THALLAITIC	DELETE		LE 1		, , ,	☐ Change	Addition	
NAME			3.2 NA			•			
STREET ADDRESS		-		REET ADD	DRESS	-			ĺ
CITY-ST-ZIP	•			TY-ST-ZIF					ĺ
TITLE		☐ DELETE	4.1 TIT			A CONTRACTOR OF THE PROPERTY O	Change	☐ Addition	l
NAME	•		4, 2 NA	AME			•		l
STREET ADDRESS			4.3 ST	REET ADD	RESS				İ
CITY-ST-ZIP	•		4.4 CII	ry-st-zip	,				
TITLE		☐ DELETE	5.1 Til	_			Change	Addition	Ì
-NAME			5.2 NA	ME =					_
STREET ADDRESS		, ,	5.3 ST	REET ADD	DRESS				
CITY-ST-ZIP				TY-ST-ZIF	<u> </u>				
TITLE		☐ DELETE	6.1 TIT	LE			Change	☐ Addition	İ
NAME	·		6.2 NA						i
STREET ADDRESS			6.3 ST	REET ADD	RESS	•			ĺ
CITY-ST-ZIP			6.4 Cf	ry st zif	·			j)

14. I 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, with all other like empowered.