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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005075 (5)

1. Corporation Name
FLORIDA RAIL ENTERPRISES, INC.

Principal Place of Business
201 ALHAMBRA CIRCLE, STE 1400
CORAL GABLES FL 33134

Mailing Address
201 ALHAMBRA CIRCLE, STE 1400
CORAL GABLES FL 33134-5106



3. Date Incorporated or Qualified 10/18/1995
3a. Date of Last Report 07/31/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number APPLIED FOR 65-0672404
Applied For ☐ Not Applicable ☒

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD., STE 4900
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEITE, LUIS O
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 1400
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE DIRECTOR
1.2 NAME CARLOS JORGE HUPSEL DE AZEVEDO
1.3 STREET ADDRESS 201 Alhambra Circle- Suite 1400
1.4 CITY-ST-ZIP Coral Gables, Fl. 33134

TITLE SD
NAME MORAES-PINTO, RICARDO A
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 1400
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AS
NAME LOPES, CAETANO R
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 1400
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME ALTT, PAUL E
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 1400
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CD
NAME BAIARDI, RENATO J
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 1400
CITY-ST-ZIP CORAL GABLES FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME SOUZA, CARLOS C
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 1400
CITY-ST-ZIP CORAL GABLES FL

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 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:

Caetano R. Lopes
Assist. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

(305) 445-1165

Date

Daytime Phone

0182743

CR2E034 (9/96)