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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95593

(2)

AAA VAN SERVICES, INC.

FILED May 07 1997 8:00am Secretary of State

14001100 100 10	HELENDI ANDE	2010 0 1111 B1011 B1011	DESCRIPTION OF STREET PORT
- 1 : 1 1 1 1 1 1 1 1 1 1 	HARA BAIRI BIIA		####
_		1888 - 1314 - 848 14 - 818 11	3101 FEEL DIGIE BIBLI 1001

Principal Place of Business Mai		Mailing Address	failing Address		T AND LIND TICH TRICK BITTON BEFOR UDANA TAYY DEFINE DIDIN BERNIT DEFINE DIDIN TODI		
5395 NW13TH MIAMI FL 3314 US		5395 NW 13TH AVENUE MIAMI FL 33142-3833 US					
					3. Date incorporated or Qualified 08/19/1982	3a. Date of Last F 02/14/1996	Report
	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			65-0252179		ot Applicable
Suite, Apt.		Suite, Apt. #. etc.			5. Certificate of Status Desired		Additional equired
City & State	е	City & State			6. Election Campaign Financing		May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution		to Fees
24	25	· · · · ·	29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No		
	9. Name and Address of Curre		11		10. Name and Address of New Re		
LAK	e, Barbara		81 Na	me			
5399	5 N.W. 13 AVENUE		82 Str	eet Addi	ress (P.O. Box Number is Not Acceptat	ilo)	· · · · ·
MIAI	MI FL 33142			JOT 7 11101	oto (i .o. tox rumbo la rut recepita.	,,,,	
			83				
			84 Cit	y		■■■ 85 Zip	Code
 				•		FL	
11. Pursuant office or r agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	utes, the above-nar s authorized by the Florida Statutes.	ned corp corporat	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing in the appointment as	ts registered registered
SIGNATURE	·	•					
<u></u>	Signature, typed or printed name of registered ag		It Brigistered Agent sign	afure requi		DATE	
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	1	ADDITIONS/CHANGES TO OFFICE		
	CHATMAN, DEBRA	☐ D(Itit	11 11111			Change	Addition
NAME	5395 N.W. 13 AVENUE		1.2 NAME				
STREET ADDRESS	MIAMI FL		13 STREET ADDR	SS			
CITY-ST-ZIP TITLE	MST	DELETE	14 CITY - ST - ZIP 21 TITLE			Change	Addition
NAME	AMIDEO, EDMUND	y Samuel II	2.2 NAME			change	L_J /\dullion
STREET ADDRESS	787 SOUTH SHORE DR.		23 STREET ADDR	22.			
CITY-ST-ZIP	MIAMI BEACH FL		2 4 CITY-ST-ZIP	.33			
TITLE	VD	DETETE	31 TITLE			Change	Addition
NAME	HOOKS, ALFONZA		3 2 NAME			0	- .
STREET ADDRESS	5395 NW 13TH AVENUE		33 STREET ADDR	:ss			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-7IP				
TITLE		DELETE	4 1 TITLE			☐ Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDR	SS			
CITY-ST-ZIP		T SECTION AND ADDRESS OF THE PERSON AND ADDR	4 4 CITY - ST - ZIP				-
TITLE		☐ DELETE	5.1 THLE			Change	Addition
NAME .			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	SS			
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY - ST - ZiP			Change	Addition
NAME			6.1 TITLE			☐ Change	Addition
STREET ADDRESS			6.2 NAME	ce			
CITY-ST-ZIP			6.3 STREET ADDR 6.4 CHY-53-7IP	.55			
14. I do herel	L by certify that the information suppli	ed with this filing does not nua	lify for the exemple	on stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
information I am an o appears i	on indicated on this annual report or flicer or director of the corporation on In Block 12 or Block 13 if changed	supplemental annual report is or the receiver or trustee empo or on an attrictioned with an ar	true and accurate wered to execute t	arid that nis repoi	I my signature shall have the same logart as required by Chapter 607, Florida's	I effect as if made un statutes; and that my	ider oath; that name