

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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1997 \$61.25	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *495593*

1. Corporation Name

AAA VAN SERVICES, INC.

FILED
97 OCT 27 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5395 N.W. 13th Avenue Miami, FL 33142 US	Mailing Address 5395 N.W. 13th Avenue Miami, FL 33142 US
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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
08/19/1982

3a. Date of Last Report
04/28/97

4. FEI Number

65-0252179

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Barbara Lake
5395 N.W. 13th Avenue
Miami, FL 33142

81 Name

Stephanie Jenkins

82 Street Address (P.O. Box Number is Not Acceptable)

83

5395 N.W. 13th Avenue

84 City

Miami

FL

85 Zip Code
33142

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 **Stephanie Jenkins**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

Stephanie Jenkins
10/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **Debra Chatman**
STREET ADDRESS **5395 N.W. 13th Avenue**
CITY-ST-ZIP **Miami, FL 33142**

1.1 TITLE **VPD** ☐ Change ☒ Addition
1.2 NAME **Stephanie Jenkins**
1.3 STREET ADDRESS **5395 N.W. 13th Avenue**
1.4 CITY-ST-ZIP **Miami, FL 33142**

TITLE **MST** ☐ DELETE
NAME **Edmund Amideo**
STREET ADDRESS **787 S. Shore Dr.**
CITY-ST-ZIP **Miami Beach, FL 33141**

2.1 TITLE **00000233320-6** ☐ Change ☐ Addition
2.2 NAME **-10/23/97--01131--016**
2.3 STREET ADDRESS *******61.25 *****61.25**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **PD** ☐ DELETE
NAME **Alfonza Hooks**
STREET ADDRESS **5395 N.W. 13th Avenue**
CITY-ST-ZIP **Miami, FL 33142**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: **ALFONZA HOOKS** *Alfonza Hooks*

10/24/97

CR2E034 (9/96)