

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # F97000004316 (2)**

1. Corporation Name  
**PSD TRANSPORTATION SERVICES, INC.**



Principal Place of Business: **1500 SAN REMO AVE. CORAL GABLES FL 33146**  
 Mailing Address: **1500 SAN REMO AVE. CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/15/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0773676</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, DAVID R</b>	1.2 NAME	
STREET ADDRESS	<b>930 CASTILE AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGHLAND, THOMAS C</b>	2.2 NAME	
STREET ADDRESS	<b>7120 LAGO DR., W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VDC</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, WILLIAM F</b>	3.2 NAME	
STREET ADDRESS	<b>3824 EL PRADO BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAINOR, JOHN P</b>	4.2 NAME	
STREET ADDRESS	<b>3824 EL PRADO BLVD.</b>	4.3 STREET ADDRESS	<b>10445 S.W. 124 St.</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	4.4 CITY-ST-ZIP	<b>Miami, FL 33176</b>
TITLE	<b>TS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA DE QUEVEDO, PAUL A</b>	5.2 NAME	
STREET ADDRESS	<b>5810 SW 91 AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Paul A Garcia de Quedo* **Paul A Garcia de Quedo 4128 Ave 3057461383**

CR2E034 (10/97)