FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

AMENDED AND FILED
95 MAY -1 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G51447** **(2)**

1. Corporation Name

NATIONAL TRANSPORTATION SERVICE, INC.

Principal Place of Business	Mailing Address
1150 N.W. 72ND AVE SUITE 355 MIAMI FL 33126	P.O. BOX 593492 MIAMI FL 33159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/26/1983**	3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2310803**	☐ 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 to intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. # etc. 22	Suite Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLANCO, MATILDE 7343 S.W. 86 STREET APT. D234 MIAMI FL 33143	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 Section 607.0501, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	7 TITLE	☐ Change ☐ Addition
NAME	BLANCO, CARLOS P.	8 NAME	
STREET ADDRESS	8701 SW 126TH TERRACE	9 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	10 CITY ST ZIP	
TITLE	ST	11 TITLE	☒ Change ☐ Addition
NAME	BLANCO, MATILDE	12 NAME	ST Blanco Matilde
STREET ADDRESS	1504 SW 102ND AVE.	13 STREET ADDRESS	119 Cilvo CT.
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	CoralGables, Fla. 33134
TITLE		15 TITLE	☐ Change ☐ Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY ST ZIP		18 CITY ST ZIP	
TITLE		19 TITLE	☐ Change ☐ Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY ST ZIP		22 CITY ST ZIP	
TITLE		23 TITLE	☐ Change ☐ Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY ST ZIP		26 CITY ST ZIP	
TITLE		27 TITLE	☐ Change ☐ Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY ST ZIP		30 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an additional

SIGNATURE: Carlos P. Blanco — Carlos P. Blanco — 3/21/95 — (305)235-6937

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING — Title — Daytime Phone #

0420707 FP