FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(2)

NATIONAL	TRANSPORTATION SERVICE.	. INC.



Principal Place	or Business	Mailing Address				
1150 N.W. 72ND AVE. SUITE 355 MAMA FL 33126		P.O. BOX 593492 MIAMI FL 33159				
					3. Date Incorporated or Qualified 07/26/1983	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	••••		59-2310803	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	55.00 May Be
23		28]		·	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country	,	8. This corporation has liability for in	
24	9. Name and Address of Curr	29 Agent	30		Flonda Statutes Yes	No No
	J. (14410 2110 F.2010 03 01 0411	ant registered Agent	81	Name	10. Name and Address of New Ri	egistered Agent
RI ANC	O, MATILDE					
	S.W. 86 STREET		82	Street Add	lress (P.O. Box Number is Not Acceptabl	e)
APT. D			83			
	FL 33143					
*****			84	City		FL 85 Zip Code
SIGNATURE	in, and accept the obligations of Section and accept the obligations of regularity and or protein area of regularity and acceptance are	Kanco	2001 by the corp S O'L Bogotorat Apai		ration submits this statement for the purp and of directors. Thereby accept the appo	intment as registered agent. Lam
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1 1 TITLE			Change Addition
NAME	BLANCO, CARLOS P.	-	1.2 NAME			
STREET ADDRESS	8701 SW 126TH TERRACI MIAMI FL		1 3 STREET			
CITY-ST-ZIP TITLE	ST	TOVELETE	1 4 CITY - S	1 - ZIP		
NAME	BLANCO, MATILDE	(P) DELETE	2 1 THLE			Change Addition
STREET ADDRESS	119 CIBAO CT.		2.2 NAME 2.3 STREET	AL DUSCO		
CITY-SI-ZIF	CORAL GABLES FL		24 CITY - S			
TITLE	OUIVE OF DELOTE	[] DELETE	3 1 THILE	11 - 212		Change Addition
NAME		_	3.2 NAME			E one as E vegue
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY - ST - ZIP			3.4 C TY - S	T-ZIP		
TITLE		☐ DELETE	4 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			43 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	F-2IP		
TITLE		☐ DELETE	5 1 TOTLE			Change 🔲 Addition
NAME STUTE LABBRESS			5.2 NAME			
STREET ADDRESS			53 STREE			
CITY-ST-ZIP TITLE		DELETE.	5.4 CI*Y-S	r - 21P		
NAME			6 t TITLE 62 NAME			Change Addition
STREET ADORESS				ADDRESS		
CITY-ST-ZIP			63 STREET			
44 1 1 1 1 1 1 1 1 1 1			6 4 CITY - S	I-ZIF		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under oath; that I am an officer or directly 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 is if changed or any ittachment with an address.

SIGNATURE: