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 # G51447

NATIONAL TRANSPORTATION SERVICE, INC.

Principal Place of Business Mailing Address P.O. BOX 593492 1150 N.W. 72ND AVE. SUITE 355 MIAMI FL 33159-3492 MIAMI FL 33126 3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1983 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2310603 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 28 23 Country $Z_{\rm ID}$ Country Zip 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLANCO, MATILDE 7343 S.W. 86 STREET 82 Street Add APT. D234 **MIAMI FL 33143** 83 City 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.

12.	OFFICERS AND DIRECTOR	AS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	BLANCO, CARLOS P.		1.2 NAME	
STREET ADDRESS	8701 SW 126TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE		DELETE	21 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY+ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME (4. 2 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
THLF		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CHY-ST-ZIP	,		5.4 CITY - ST - ZIP	
TITLE		DETELE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CHY-ST-ZIF			6.4 CITY-ST-ZIP	tated in Section 119 07/31/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 chapter, or on an attachment with an address.

SIGNATURE:

FILED

May 08 1997 8:00am

Secretary of State