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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G90646** (2)
1. Corporation Name
KUNEX TRANSPORT CORP.

Principal Place of Business
**5411 SW 143RD AVE.
MIAMI FL 33175
US**

Mailing Address
**5411 SW 143RD AVE.
MIAMI FL 33175-5836
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1984		3a. Date of Last Report 02/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FET Number 59-2367967		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MOREIRAS, JOSE I. 5411 SW 143RD AVE. MIAMI FL 33175				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code			
				FL			
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		Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE											
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		STREET ADDRESS		CITY-ST-ZIP		DELETE <input type="checkbox"/>		2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS		CITY-ST-ZIP		DELETE <input type="checkbox"/>		3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
DELETE <input type="checkbox"/>		4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>							
DELETE <input type="checkbox"/>		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>							
DELETE <input type="checkbox"/>		6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>							

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: *Jose I. Moreira* 4/17/97

CR2E034 (9/96)