

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # H35034 (8)

1. Corporation Name
METRO TRANSPORTATION SERVICES, INC.



Principal Place of Business Mailing Address
C/O SIGMUND ZILBER
1995 NE 142ND ST
N MIAMI FL 33181

3. Date Incorporated or Qualified **12/21/1984** 3a. Date of Last Report **04/26/1996**
4. FEI Number **65-0113384** Applied For
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
ZILBER, SIGMUND
1995 NE 142ND ST
N MIAMI FL 33181

10. Name and Address of New Registered Agent
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 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	VP	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ZILBER, SIGMUND	1.2 NAME	
STREET ADDRESS	1995 NE 142ND ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STEINBERG, EDWARD	2.2 NAME	
STREET ADDRESS	1995 NE 142ND ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ZILBER, MARTIN	3.2 NAME	
STREET ADDRESS	1995 N.E. 142ND STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

4/29/97 944422
Date Daytime Phone #

CR2E034 (9/96)