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

APPROVED AND FILED

95 APR 27 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H42956** **(3)**

1. Corporation Name
JAM TRANSPORTATION, INC.

Principal Place of Business
9410 NW 109 ST.
MEDLEY FL 33178

Mailing Address
9410 NW 109 ST.
MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/15/1985**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: **59-2540090** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

AUSTIN, RICHARD B.
8390 N.W. 53RD ST., STE.300
MIAMI FL 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MARTINEZ, JESUS A.	12 NAME	MARTINEZ JESUS	
STREET ADDRESS	9410 NW 109 ST.	13 STREET ADDRESS	14715 BALGOWAN RD. No. 203	
CITY-ST-ZIP	MEDLEY FL	14 CITY-ST-ZIP	MIAMI, Fl. 33016	
TITLE	V	21 TITLE	VicePresident	☒ Change ☐ Addition
NAME	MARTINEZ, NOHORA	22 NAME	Martinez Nohora	
STREET ADDRESS	7930 NW 167TH TERRACE	23 STREET ADDRESS	14715 Balgowan Rd. Apt. # 203	
CITY-ST-ZIP	MIAMI LAKES FL	24 CITY-ST-ZIP	Hialeah, Fla. 33016	
TITLE	S	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	MARTINEZ, MARIELA	32 NAME	Martinez Mariela	
STREET ADDRESS	2240 GRANT STREET	33 STREET ADDRESS	9369 Fountainebleue Blvd-	
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	Miami, Fla. 33172	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. 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)(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: Nohora Martinez NOHORA MARTINEZ 3/27/95 (305) 825-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184807 CP