

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J89823**

(5)

1. Corporation Name

WORLD TRANSPORT PRESS, INC.

Principal Place of Business

Mailing Address

% KEITH K. ARMES
1200 NW 72 AVE., P.O. BOX 531238
MIAMI FL 33126

% KEITH K. ARMES
1200 NW 72 AVE., P.O. BOX 531238
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1987

3a. Date of Last Report

04/22/1996

4. FEI Number

65-0005148

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMES, KEITH K.
1200 NW 72 AVENUE
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ARMES, KEITH K.
STREET ADDRESS 1200 NW 72 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE

NAME PETITT, BRYANT
STREET ADDRESS 3756 WINDSOR CIRCLE
CITY-ST-ZIP CLARKSTON GA

TITLE VD ☐ DELETE

NAME DRUM, PAULINE
STREET ADDRESS 400 N.W. 86TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 700002257097-5

1.3 STREET ADDRESS -08/04/97--01160--015

1.4 CITY-ST-ZIP ****165.00 ****165.00

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS PO Box 767

2.4 CITY-ST-ZIP Cumming, GA 30128

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1200 NW 72 Ave

3.4 CITY-ST-ZIP Miami FL 33126

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Stock Holder

4.3 STREET ADDRESS Nick Veronico

4.4 CITY-ST-ZIP 19990 Skywest Dr

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Hayward, CA 94541

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED

7/24/97 (305) 477-7163

APPROVED
AND
FILED

97 JUL 30 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)