FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K25342**

1. Corporation Name

SPEEDY ENTERPRISES TRANSPORT, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90075 049 ***150.00



								AL BIRN BIRN IBRI
Principal Place of Business Mailing Address						A 100 SMILL WITH CHIRM OF CHIRM CHIRD DISTRICT	Diatt Hifft Atfit ain	
25431 S.W. 127TH AVE 25431 S.W. 127TH AVE								
MIAMI FL 33032 MIAMI FL 33032						DO NOT WRITE IN THIS SPACE		
Ì						3. Date Incorporated or Qualifed		
						05/25/1988		
2. Principal P	Place of Business	2a. Mailing Address	-			4. FEI Number		Applied For
26						65-0054905	<u> </u>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	5 Additional
22						5. Certificate of Status Desired	Fee	Required
City & State City & State						6. Election Campaign Financing	\$5.0	May Be
23 28						Trust Fund Contribution	Adde	d to Fees
Zip · Country (Zip				Country		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□2•No
	9. Name and Address of Curre	ent Registered Agent	1	81	Name	10. Name and Address of New Registe	area Agent	
LOR	ENZO, BERTO				Traine	· · · · · · · · · · · · · · · · · · ·		
25431 S.W. 127TH AVE				82	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33032				83				
	•							
}	/7			84	City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 07.05	02 and 607.1508. Florida Statu	tes, the at	ove-	-named corpo			its registered
office or i	egistered agent, or both, in the State	e of Florida. Such change was a	authorized	by ti	he corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	appointment as	registered
	in familiar with, and accept the doing	ations or, Section 607.0505, Fig	onua Statu	nes.				
SIGNATORE	Bignatu) Ayped or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent	signature required	d when reinstating) . DAT	TE	
12.	OFFICERS A	ND DIRECTORS	13.		···	ADDITIONS/CHANGES TO OFFICER	S AND DIREC	
TITLE	D	☐ DELETE	1.1 ΠΤ	LE			Chang	e
NAME	LORENZO, BERTO		1.2 NA	ME	1			{
STREET ADDRESS			1.3 STI	REET	ADDRESS			
CITY+ST-ZIP	MIAMI FL		1.4 CIT	Y-ST-	-ZIP			
TITLE	D	☐ DELETE	2.1 TIT	LE			Change	e Addition
NAME	CALVO, LEONOR		2,2 NA	ME	4.	-		J
STREET ADDRESS	25431 S.W. 127TH AVE				ADDRESS			+
CITY-ST-ZIP	MIAMI FL		2. 4 CI	-	-ZIP T			
TITLE	, ,	☐ DELETE	3.1 TIT		-		☐ Chang	e 🗌 Addition
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			t
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TFT		-ZIP		Change	e
ſ	,	□ bcreie	4.1 III 4.2 NA				L_J Cilarigi	, <u> </u>
NAME STREET ADORSES					ADDDECC			[
STREET ADDRESS					ADDRESS \		•	ĺ
CITY-ST-ZIP	<u> </u>	□ DELETE	4.4 CIT 5.1 TITI		-217		☐ Change	e Addition
NAME			5.2 NAI					
STREET ADDRESS	,		1		ADDRESS			1
CITY-ST-ZIP			5.4 CIT		1			[
TITLE	N-73	☐ DELETE	6.1 TIT				☐ Change	e Addition
NAME			6.2 NA	ME	{		_ ·	_ {
STREET ADDRESS			6.3 STF	REETA	ADDRESS			ļ
			64.00	v er	710			

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 agricular 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, with all other like empowered.

SIGNATURE: \swarrow