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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K59684 (6)

1. Corporation Name
MARCHE PARTOUT TRANSPORTATION SERVICE, INC.

Principal Place of Business	Mailing Address
~~7130 N.W. 2ND AVE~~ ~~MIAMI FL 33150~~	~~7130 N.W. 2ND AVE~~ ~~MIAMI FL 33150~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1989
3a. Date of Last Report: 08/02/1994

21 2. Principal Place of Business: 8340 N.E. 2ND AVE
26 2a. Mailing Address: SAME
4. FEI Number: 65-0150931 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc
27 Suite, Apt. #, etc
5. Certificate of Status Desired: X $8.75 Additional Fee Required
23 City & State: MIAMI, FL
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip: 33138 25 Country: DADE
29 Zip 30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEUS, POWER
~~401 N.E. 62 CT.~~
~~MIAMI FL 33138~~

10. Name and Address of New Registered Agent

81 Name: POWER MEUS
82 Street Address (P.O. Box Number is Not Acceptable): 8340 N.E. 2ND AVE
83
84 City: MIAMI FL 85 Zip Code: 33138

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 required for printed name of Registered Agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P.D. ☐ Change ☒ Addition
NAME	~~MEUS, POWER~~	12 NAME	FRANCLIQUE JEAN
STREET ADDRESS	~~7130 NW 2ND AVENUE~~	13 STREET ADDRESS	8340 NE 2ND AVE
CITY ST ZIP	~~MIAMI FL 33150~~	14 CITY ST ZIP	MIAMI, FL 33138
TITLE	D	21 TITLE	☐ Change ☒ Addition
NAME	~~MEUS, BERTHA~~	22 NAME	JEAN JOACHIN VP-D.
STREET ADDRESS	~~4638 NW 185 ST~~	23 STREET ADDRESS	8340 NE 2ND AVE
CITY ST ZIP	~~MIAMI FL 33050~~	24 CITY ST ZIP	MIAMI, FL 33138
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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: Franclique Jean 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0162650 CP