SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:30

DOCUMENT # **L43434** **(4)**

1. Corporation Name

S.A.S. TRANSPORT, INC.

Principal Place of Business	Mailing Address
15935 W. PRESTWICK PLACE MIAMI LAKES FL 33014	15935 W. PRESTWICK PLACE MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1990
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 7900 NW 27 Avenue
22 Suite, Apt. #, etc. 298 E. PLAZA
23 City & State: Miami Florida
24 Zip: 33147 25 Country: DADE

2a. Mailing Address
26 1800 N. Federal Hwy
27 Suite, Apt. #, etc. Suite 104
28 City & State: Pompano Beach FL
29 Zip: 33062 30 Country: Broward

4. FEI Number: 65-0177924 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WITT, WM M
7900 NW 27 AVE
MIAMI FL 33147

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	P	11 TITLE		☐ Change ☐ Addition
NAME	WITT, WM MD	12 NAME		
STREET ADDRESS	7900 NW 27 AVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	IRIBAR, MANUEL M.D.	22 NAME		
STREET ADDRESS	7900 NW 27TH AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	Vice presidente	☐ Change ☒ Addition
NAME		32 NAME	Roberta Schulte	
STREET ADDRESS		33 STREET ADDRESS	7900 NW 27 Ave	
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami FL 33147	
TITLE		41 TITLE	Secretary Treasurer	☐ Change ☒ Addition
NAME		42 NAME	MARY Ellen Gurr	
STREET ADDRESS		43 STREET ADDRESS	7900 NW 27 Ave	
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33147	
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		

CR2E034 (3/95)

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: William Witt 6/30/95 305 782 0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019972 CF