## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation J.A. TIF	MENT # <b>L474</b> RE ROAD SERVICE, INC	(-)		
Princips: Place (	of Resonance	Mailing Address		L 1881/1887 D18 01881 10881 01880 01818 1841 8881 91887 01881 81087 98811 91881 81081
Principa: Place of Business  # JOSE RODRIGUEZ  131 SW 32ND AVE  MIAMI FL 33135		% JOSE RODRIGUEZ 131 SW 32ND AVE MIAMI FL 33135	!	
				3. Date Incorporated or Qualified 3a. Date of Last Report 02/05/1990 02/06/1995
2. Principal Piage of Business		2a. Mailing Adaress 26		4. FER Number Applied For 65-0173723 Not Applied be
Suite, Apt. #, cto		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		Gity & State		Fee Required  6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
- Zφ - J	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	[25] 9. Name and Address of Cur	29 rrent Registered Agent	30	Flonda Statutes
			81 Nan	
RODRIGU	JEZ, JOSE		82 Stre	eet Address (P.O. Box Number is Not Acceptable)
	32ND AVE			COLVIDER COLOR TO COL
MIAMI FL	. 33135		83	
			84 City	FL 85 Zip Code
SIGNATURE  12. THUE  NAME  SIMILE ALDRESS	OFFICERS  D  RODRIGUEZ, JOSE  131 SW 32ND AVE  MIAMI FL	AND DIRECTORS	F FE Hogisteris Agent signal  13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
CONSTRAIN  THAT  NAME  SHEET ADDRESS  CONSTRAIN	WILMI FL	© DETELE.	14 CHY-S1-ZIP 2 1 THE 2 2 NAME 2 3 STREET ADORES 2 4 CHY S1-ZIP	Change Addition
LINE MANS Sheet ALone is City S1-Ze		∭ DSTE1E	3 1 THE 3 2 NAME 33 STREET ADDRE 34 CITY ST-24F	Change Addition
TITLE NAME STREET ACCRESS OF A STORY		DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADORES 4 4 CITY - STI-ZIP	Charige Addition
that totals Shelf Allost vs Of r. St. Zot		DETETE	5 1 THE 52 NAME 53 STREET ADDRES	Charge Addition
NAME STREET ADDRESS CHT ST ZE	· ···· · · · · · · · · · · · · · · · ·	DELETE	5.4 (CITY - ST. ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRES 6.4 CITY - ST. ZIP	Change Addition
14. I do horeby certify that I eath, that I	me information indicated on this a	яплия report or supplemental an жыхнабол or the receiver or trust	mished and does not on hual report is true and se empowered to exe	LL qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes   Further d accurate and that my signature shall have the same legal effect as if made under ecute this report as required by Chapter 607, Florida Statutes, and that my name

GUGUES SIGNING OFFICER OR DIRECTOR SIGNATURE: > SIGNATURE AND TYPED OR PRINTED NAME OF

01-26-95(308)

CR2E034 (12/95)