

FILE NOW: FILING FEE AFTER MAY 1 IS \$15.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L91232** (3)
1. Corporation Name
DIBS TRANSPORTATION CORP.



Principal Place of Business Mailing Address
2295 SW 26 LANE
MIAMI FL 33133

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **08/01/1990** 3a. Date of Last Report **02/02/1995**
4. FEI Number **65-0211945** 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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FALCON, GLADYS M.
2295 SW 26 LANE
MIAMI FL 33133

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

Signature (typed or printed name of registered agent and the filer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
1. TITLE ☐ DELETE
NAME **DP FALCON, ALBERTO**
STREET ADDRESS **2295 SW 26 LANE**
CITY-STATE-ZIP **MIAMI FL**
2. TITLE ☐ DELETE
NAME **DST FALCON, GLADYS M**
STREET ADDRESS **2295 SW 26 LANE**
CITY-STATE-ZIP **MIAMI FL**
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Addition
NAME
2. STREET ADDRESS
3. CITY-STATE-ZIP
4. TITLE ☐ Change ☐ Addition
NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP
7. TITLE ☐ Change ☐ Addition
NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP
10. TITLE ☐ Change ☐ Addition
NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
NAME
14. STREET ADDRESS
15. CITY-STATE-ZIP
16. TITLE ☐ Change ☐ Addition
NAME
17. STREET ADDRESS
18. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 registered agent or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attached statement with an address.

SIGNATURE: **X** **GLADYS M. FALCON** **02/02/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (12/95)