PROFIT
CORPORATION
ANNUAL REPORT
1996 1997

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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # M19074 (7)

1. Corporation Name

DOLPHIN TRANSFER SERVICE, INC.

Principal Place of Business	Mailing Address
14410 NW 26TH AVE MIAMI FL 33054 US	14410 NW 26TH AVE MIAMI FL 33054 US

[redacted]

3. Date Incorporated or Qualified: 08/07/1985 | 3a. Date of L: 03/22/

4. FEI Number: 59-2784625

5. Certificate of Status Desired: ☒ $8. Fi

6. Election Campaign Financing Trust Fund Contribution: ☐ $5 Ac

8. This corporation has liability for intangible tax unc Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LONGSTREET, JOWANNA
1663 N. E. 171ST STREET
N. MIAMI BEACH FL 33162

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

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 changi 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 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 DIREC	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LONGSTREET, JOWANNA 1663 N. E. 171ST STREET N. MIAMI BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Cha
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDV LONGSTREET, ROBERT W. 1663 N. E. 171ST STREET N. MIAMI BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Cha
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONGSTREET, ROBERT W. 1663 N. E. 171ST STREET N. MIAMI BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Cha
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE 200002198012 4.2 NAME -06/02/97--01115--004 4.3 STREET ADDRESS **165.00 4.4 CITY-ST-ZIP	☐ Cha
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Cha
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Cha

5/19/97

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)(k), Florid 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 l 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 617, Florid that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/19/97 (305) 681-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Pho

JOWANNA LONGSTREET JOWANNA LONGSTREET
5/19/97