

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M57724** (0)

1. Corporation Name
XPERT TRAFFIC CORP



Principal Place of Business
**4995 NW 72ND AVE. STE 204
P O BOX 52-3887
MIAMI FL 33152**

Mailing Address
**4995 NW 72ND AVE. STE 204
P O BOX 52-3887
MIAMI FL 33152**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

3. Date Incorporated or Qualified
08/20/1987

3a. Date of Last Report
04/19/1995

4. FFI Number
59-2836936

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

**SIBERIO, JULIO
4995 NW 72ND AVENUE
SUITE 204
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name
Fidelina Siberio

82 Street Address (P.O. Box Number is Not Acceptable)
**4995 NW 72 AV
SUITE 204**

83 City
MIAMI

84 Zip Code
FL 33166

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 *Fidelina Siberio*

(NOTE: Registered Agent fee is implied when agent is changed)

3-18-96

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SIBERIO, JULIO	
STREET ADDRESS	4995 NW 72ND AVE, #204	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FABREGAS, RINA	
STREET ADDRESS	4995 NW 72ND AVE, #204	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SIBERIO, FIDELINA	
3. STREET ADDRESS	4995 NW 72ND AVE #204	
4. CITY-ST-ZIP	MIAMI FL 33166	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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)(k), 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: *Fidelina Siberio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96- 305-477 0949
Date Daytime Phone #

CR2E034 (12/95)