Applied For

-\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90089 033 ***150.00

 \square^*

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

DOCUMENT # 1. Corporation Name	M57724
XPERT TRAFFIC CO	RP .

Country

9. Name and Address of Current Registered Agent

25

FABREGAS, RINA

4995 NW 72 AVE

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

26

27

28

29

4995 NW 72ND AVE. STE 204 P O BOX 52-3887

Suite, Apt. #, etc.

MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1987

59-2836936

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

SUITE 204		83		•	1			
	MIAMI FL 32166		84	City	FL	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
12.	OFFICERS AND DIRECTOR	S	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12		
TITLE	PSVD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	FABREGAS, RINA		1.2 NAME			-		
STREET ADDRESS	4995 NW 72ND AVE, #204		1.3 STREET	ADDRE	SS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T- ZIP				
TITLE	,	☐ DELETE	2.† TITLE		☐ Change	☐ Addition		
NAME			2.2 NAME			Į		
STREET ADDRESS	the state of the s	-	2.3 STREET	ADDRE:	ss			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		_}		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME			3.2 NAME					
STREET ADDRESS	•		3.3 STREE	ADDRE:	ss	ļ		
CITY-ST-ZIP			3.4. CITY-9	T-ZIP	·	ĺ		
TITLE		DELETE	4.1 TITLE		Change	☐ Addition		
NAME	·		4. 2 NAME			İ		
STREET ADDRESS	·		4.3 STREET	ADDRE:	ss			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		1		
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME			ŧ		
STREET ADDRESS			5.3 STREE	T ADDRE	ss	ļ		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
ПП	·	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME			ĺ		
STREET ADORESS			6.3 STREET	ADDRE:	ss (Ì		
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				
14. I hereby certify that the information supplied with this filing 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.								

Country

81

30

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTO

3-22-99

Daytime Phone #

2E034 (11/98)