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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K.M.C. TRANSPORT CORP.

FILED

Jun 13 1997 8:00am

Secretary of State

Principal Place of Business		Mailing	Mailing Address				F CONTROLIT ERN CHAILE ANGLE AND CONTROL OF THE CIRCLE AND CONTROL OF THE CONTROL FOR CONT					
WMARIO GRAU 12810 NE 1 AVE NORTH BAY VILLAGE FL 33141		12610 N	SMARIO GRAU 12610 NE 1 AVE NORTH BAY VILLAGE FL 33161-4549									
						ı	3. Date Incorporated or Quali 06/21/1988	fied		te of Last R)1/1996	eport .	
	lace of Business	├ ──┐	2a. Mailing Address				4. FEI Number 65-0055998			1	oplied For of Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.			*	00 0000990			\$8.75		
22	<i>II</i> , 010.	— <u></u>	27			•	Certificate of Status Desired	d l			equired	
City & State	0	 	City & State			e	6. Election Campaign Financi	nn.	·····	\$5.00		
23		<u> </u>	28				Trust Fund Contribution	שיי 		Added		
Zíp	Countr			Country	,		8. This corporation has liabilit	v for int	angible	tax under s	. 199.032.	
24	25	29	30				Florida Statutes		Yes [
-	9, Name and Addre	ss of Current Registered					10. Name and Address of Ne	w Kegi	stered /	gent		
GRA	U, MARIO			81	Nar	ne						
	10 NE 1 AVE			-	0	a A ataloa	(0.0.0)					
	IAMI FL 33161		82			et Adare:	ss (P.O. Box Number is Not Acc	epiable)			
14 170	INMITE OF IOT			83								
	•			84	City					85 Zip	Code	
					L				FL			
11. Pursuant i office or r agent. I a	to the provisions of Sec egi <mark>ster</mark> ed agent, or both m f <mark>am</mark> iliar with, and acc	tions 607.0502 and 607.150 n, in the State of Florida. Su cept the obligations of, Sect	08, Florida Statutes, the ch change was author ion 607.0505, Florida S	e abov ized b Statute	e-nan y the o s.	ied corpo corporatio	ration submits this statement for n's board of directors. I hereby a	the pur accept	pose of the app	changing it ointment as	s registered registered	
SIGNATURE	Signature, lyped or printed name	o of registered agent end licie if applic	able (NO1E Regis	sered Ag	ont sign	ature required	When reinstating)		DATE		The Company of the Co	
12.	C	FFICERS AND DIRECTORS	; <u> </u>	3.			ADDITIONS/CHANGES TO C	OFFICE	RS AND	DIRECTOR	RS IN 12	
TITLE	D		☐ DELETE 1	.1 TITLE						Change	Addition	
NAME	grau, Mario		1	.2 NAME								
STREET ADDRESS	12610 NE 1 AVE		1	3 STREET	ADDRE	ss						
CITY-ST-ZIP	n Miami Fl.		1	A CITY-S	ST - ZIP	[
TITLE	D		DELETE 2	A TITLE	-					Change	Addition	
NAME	GRAU, MARIA I.		2	.2 NAME								
STREET ADDRESS	12610 NE 1 AVE		2	3 STRECT	ADDRE	SS						
CITY-ST-ZIP	N MIAMI FL		2	4 CITY-	ST - ZIP	ĺ						
TITLE		· · · · · · · · · · · · · · · · · · ·		.1 TITLE						Change	Addition	
NAME			3	.2 NAME								
STREET ADDRESS			3	.3 STREE	ADDRE	ss						
CITY-ST-ZIP			3	4 CDY-	S) - ZIP							
TITLE				1 TITLE			· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME			4	. 2 NAME		1				•		
STREET ADDRESS			lt l	.3 STREE		ss						
CITY-ST-ZIP				.4 CITY-5								
TITLE				.1 TITLE						Change	Addition	
NAME				.2 NAME						•	-	
STREET ADDRESS				.3 S1REC	ADDRE	22						
CITY-ST-ZIP				.4 CITY - 5								
TITLE				.1 TITLE	1.511,					Change	Addition	
						1				U.tungo		
NAME OVOCEV ADDRESS				.2 NAME	4000	00						
STREET ADDRESS			6	.3 STREET		33						
CITY_CT. 7ID			a c	4 CITY I	17 710	1						

14. I do 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 eath; 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.