FILE NOW: FILING FEE IS \$61.25

NONP	ROFIT
CORPO	RATION
ANNUAL	REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N37870

(5)

FLORIDA TRANSPORTATION SERVICES ASSOCIATION AND MEMBERS, INC.

Principal Place of Business Mailing Address P.O. BOX 420769 P.O. BOX 420769 MIAMI FL 33242



	MICHAEL I DOKAK			
			 Date Incorporated or Qualified 04/27/1990 	3a. Date of Last Report 04/26/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3109 N.W. 27 Ave	26 P.O. BOX 4	20769	65-0206961	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		C. Certificate of Status Desired	Fee Required
City & State Miami, Fl.	City & State Miami, Fl.	22242	6. Election Campaign Financing	55.00 May Be
	20		Trust Fund Contribution	Added to Fees
Zip Country 24 33142 25 U.S.A.	Zip	Country	This corporation has liability for int	
9. Name and Address of Current		0		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
GONZALEZ, CRISTOBAL		- 1 100710	z, Orlando	
3636 N.W. 22 AVENUE		82 Street Add	ez, Orlando dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33142		83 3109	N.W. 27 Ave.	
THE USE OF TE				
		84 Giam		FL 85 39992
 Pursuant to the provisions of Sections 617.0502 a or registered agent, or both, in the State of Torida familiar with, and accept the obligations. 	nd 617.1508, Florida Statutes, 1	the above-named corpo	oration submits this statement for the purpo	se of changing its registered office
familiar with, and accept the obligations of Section	617.0503, Florida Statutes.	by the corporation's box	ard of directors, I hereby accept the appoin	iment as registered agent. I am
SIGNATURE	~ ,	o Lopez D	-	-21-96
Signature, typed or printed name of registered agent an		Registered Agent signature requir		DATE
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME PIERRE-LOUIS, FERNAND	Direct	1.1 TITLE	1	Change Addition
STREET ADDRESS 3636 N.W. 22 AVENUE		1.2 NAME		
LIMANUE PL ANALO		1.3 STREET ADDRESS		
CHY-ST-ZIP MIAMI FE 33142 THEE VP	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		
NAME HENANDEZ, CANDIDO	Clotte	2.1 FILE 2.2 NAME		Change Addition
STREET ADDRESS 3636 N.W. 22 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33142				
TITLE	∏X DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	T	Change Addition
NAME LOPEZ, ENRIQUE			•	
STREET ADDRESS 3636 N.W. 22 AVENUE			PEREZ, AMERICO 3109 N.W. 27 Ave	
CITY-ST-ZIP MIAMI FL 33142			Miami, Fl. 33142	
TITLE D	DELETE	4.1 TITLE	riadule File 33142	☐ Change ☐ Addition
NAME LOPEZ, ORLANDO	 -	4. 2 NAME		
STREET ADDRESS 3636 N.W. 22 AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33142		4.4 City-St-ZiP		
TIFLE D	DELETE		D	Change Addition
NAME PEREZ, AMERICO		.	GONZALEZ, CRISTOBA	
STREET ADDRESS 3636 N.W. 22 AVENUE			3109 N.W. 27 Ave.	
CITY-ST-ZIP MIAMI FL 33142			Miami, Fl.	
TITLE			** ** ** 	
NAME D	DELETE	6.1 TITLE	D .	☐ Change ☐ Addition
	••	1 1		_ · _
STREET ADDRESS CITY-ST-ZIP HERNANDEZ, GILBE 3109 N.W. 27 Ave	 R T O	62 NAME	D HERNANDEZ, GILBERT 3109 N.W. 27 Ave. Miami, Fi.	_ · _

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 cath; 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, Florida Statutes; and that my name appears in Block 12 or Block period and the receiver of the corporation or the receiver of the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under cathering the same legal effect as if we have a same legal effect as if made under cathering the same legal effect as if we have the same legal effect as if we have the same legal effect as if we have the same l

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)