

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005077

1. Corporation Name

GABA TRANSPORTATION, CORP.

Principal Place of Business

1835 N.W. 33RD AVENUE
MIAMI FL 33125

Mailing Address

1835 N.W. 33RD AVENUE
MIAMI FL 33125

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99 FEB 11 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0861901	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		30			

9. Name and Address of Current Registered Agent

ALAM, PEDRO
1835 N.W. 33RD AVENUE
MIAMI FL 33125

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 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	ARMENTEROS, ANGEL	1.2 NAME	DOMINGUEZ, ANGEL
STREET ADDRESS	1656 WEST 42ND ST.	1.3 STREET ADDRESS	12811 S.W. 148 TERRACE RD
CITY-ST-ZIP	HALEAH FL 33012	1.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	SVD	2.1 TITLE	
NAME	ALAM, PEDRO	2.2 NAME	
STREET ADDRESS	1835 N.W. 33RD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	FONTANEZ, ZULLY	3.2 NAME	
STREET ADDRESS	11294 S.W. 43RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GIL, ROMUALDO J	4.2 NAME	
STREET ADDRESS	1129 N.W. 29TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANGEL DOMINGUEZ 02-10-99 (305) 635-2147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)