1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90010 007 ***300.00

DOCUMENT # P25179 1. Corporation Name

DSL TRANSPORTATION SERVICES, INC.

,		026	9 2
			1

Principal Place	e of Business	Mailing Address			I INDIIONI USA IIODI KIIDII SIDII OBGIA INGEL DII	DII 1801 DIGIL GI	ALI DIDILINAL
5011 FIRESTONE PLACE SOUTH GATE CA 90280		5011 FIRESTONE PLACE SOUTH GATE CA 90290					
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 07/13/1989		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			95-3334057	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27		3. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00		
		28		Trust Fund Contribution Added to Fees			
Zip Country 25		Zip Country 30		8. This corporation owes the current year Intangible Personal Property Tax.			
24]	9. Name and Address of Curren		<u>'</u>		10. Name and Address of New Registered	Agent	
			81	Name			
C/ 0	reyes, frank		82	Ctroot Addr	ess (P.O. Box Number is Not Acceptable)		
9901 NW 106 STREET		02	Street Addre	ess (F.O. Box Number is Not Acceptable)			
MED	LEY FL 33178		83				
			84	Cit.		85 Zip C	`ode
			04	City	FL	05 219 3	,000
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	onzed by	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its ntment as rec	registered gistered
SIGNATURE	, ,						
SIGNATURE	Signature, typed or printed name of registered ager	nt and utle if applicable. (NOTE: Re		t signature required		D DIDEOTO	00.11.40
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	CEO	☐ DELETE	1.1 TITLE			change	☐ Addition
NAME	GRANTHAM, PAUL C		1.2 NAME				
STREET ADDRESS	5011 FIRESTONE PLACE		1.3 STREET	1			
CITY-ST-ZIP	SOUTH GATE CA	DELETE	1.4 CITY-S	T-ZIP		Change	Addition
TITLÉ	VP DARROT F		2.1 TITLE			Onunge	
NAME	CRANDALL, DARSE E		2.2 NAME	ADDDCCC			
STREET ADDRESS	5011 FIRESTONE PLACE		2.3 STREET	1			
CITY-ST-ZIP	SOUTH GATE CA	□ DELETE	2.4 CITY-S 3.1 TITLE	1-ZIP		Change	Addition
TITLE	MAREVICH, MIKE	- Deterie	3.1 MAME				
NAME PTDEET ADDRESS	5011 FIRESTONE PLACE			TADDRESS			
STREET ADDRESS CITY-ST-ZIP	SOUTH GATE CA		3.4. CITY-S				
TITLE	P	☐ DELETE	4.1 TITLE			Change	Addition
NAME	MCGEE, CHARLES	_	4. 2 NAME	ļ			
STREET ADDRESS	5011 FIRESTONE PLACE		4.3 STREET	TADORESS			
CITY-ST-ZIP	SOUTH GATE CA		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	51 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	FADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				•
STREET ADDRESS			6.3 STREET	TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T- ZIP	and O7(2)(6) Florido Ciatutas I further con		· · · · · · · · · · · · · · · · · · ·

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 607, 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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99

323 563-7761

Daytime Phone #