

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 JAN 30 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005338 (8)

1. Corporation Name
GALLANTE TRANSPORTATION, INC.

Principal Place of Business Mailing Address

1300 N.W. 31 AVE. 1300 N.W. 31 AVE.
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

11/13/1992 06/09/1994

4. FEI Number Applied For

65-0402096 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FILS-AIME, DANIEL
1300 N.W. 31ST AVE.
FT. LAUDERDALE FL 33311

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 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 (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FILS-AIME, DANIEL
STREET ADDRESS	14524 S.W. 105TH COURT
CITY-ST-ZIP	MIAMI FL 33178
TITLE	DV
NAME	MAIA, GERALDO S
STREET ADDRESS	7911 N.W. 10TH COURT
CITY-ST-ZIP	N. LAUDERDALE FL 33068
TITLE	DST
NAME	PHILOGENE, MARY E
STREET ADDRESS	12600 N.W. 12 AVE.
CITY-ST-ZIP	MIAMI FL 33160
TITLE	DST
NAME	EUGENIE FILS-AIME
STREET ADDRESS	14524 S.W. 105TH COURT
CITY-ST-ZIP	MIAMI FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUGENIE FILS-AIME	
1.3 STREET ADDRESS	14524 S.W. 105TH COURT	
1.4 CITY-ST-ZIP	MIAMI FL 33176	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		Delete
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		300001394983
4.4 CITY-ST-ZIP		-02/01/95--01041--007
5.1 TITLE		****417.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		555 1/30/95
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided 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 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.

SIGNATURE: *Daniel Fils-Aime* Daniel Fils-Aime 1-30-1995 791-2555

(305) 791-2555