FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009357 (3)

1. Corporation Name
RIVERA TRANSPORT INC.

Principal Place of Business	Mailing Address
950 W 74 STREET #103 HIALEAH FL 33014	950 W 74 STREET #103 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 118 sidonia ave.
22 Suite, Apt. #, etc.: # 1
23 City & State: Coral Gables, Fl.
24 Zip: 33134
25 County: DADE

2a. Mailing Address
26: 118 sidonia ave.
27 Suite, Apt. #, etc.: #1
28 City & State: Coral Gables, Fl.
29 Zip: 33134
30 County: DADE

4. FEI Number: 65-0388811 ☐ Applied For ☐ 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

RIVERA, MANUEL
950 W 74 ST #103
HIALEAH FL 33014

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE	PVST	☒ Change ☐ Addition
NAME	RIVERA, MANUEL	12 NAME	RIVERA MANUEL	
STREET ADDRESS	95 W 74 ST #103	13 STREET ADDRESS	118 sidonia ave.	
CITY-ST-ZIP	HIALEAH FL 33014	14 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	RIVERA, MANUEL	22 NAME	RIVERA MANUEL	
STREET ADDRESS	95 W 74 ST #103	23 STREET ADDRESS	118 Sidonia ave.	
CITY-ST-ZIP	HIALEAH FL 33014	24 CITY-ST-ZIP	Coral Gables Fl. 33134	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME	900001531849	
STREET ADDRESS		33 STREET ADDRESS	-07/07/95--01018--002	
CITY-ST-ZIP		34 CITY-ST-ZIP	****200.00 ****200.00	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	REMITTED BY MAY 1	
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	4/1/95 MD	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 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: _____ 6/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000383 CF