FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16 1998 8:00am Secretary of State

•	1998	DIVISION OF CO	ORPORATIONS	Secretary	or State	
	MENT # P9300 ON TRACK INC.	0069670 (6)				
Principal Place	e of Business	Mailing Address			#11/ # 10/10 #11/1 100/1 00/1 108/	
13151 N.W. 42ND AVE 13151 N.W. 42ND AVI OPA-LOCKA FL 33054 OPA-LOCKA FL 33054		13151 N.W. 42ND AVE				
US	1 FL 33034	US		DO NOT WRITE IN THIS	SPACE	
				 Date Incorporated or Qualified 10/07/1993 		
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. 4	#. elc.	Suite, Apt. #, etc.		65-0440257	Not Applicable \$8.75 Additional	
22		27		5, Certificate of Status Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the cui	Added to Fees	
24	25	_ ├ ¬ `	30	1 -· ' '	Yes No	
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
	ORRES, MARITZA R		81 Name	Same		
730 NE 86 ST			82 Street Ac	et Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33138			83	so west Dr. apt #	234	
			03	,)	
			84 City	Boy WillAge FL	85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named co	Ray UI // Age FL prooration submits this statement for the purpose of	changing its registered	
Office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	ol Florida. Such change was au	ithorized by the corpor	ration's board of directors. I hereby accept the app	pointment as registered	
SIGNATURE	with the state of		ou statetos.		ł	
	Signature, typed or printed name of registered ager		Registered Agent signature red			
12. TITLE	PD OFFICERS AND	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change	
NAME	TORRES, MARITZA R	CJ OCCU	1.2 NAME	Torres, MAritzA R	C outside C working !	
STREET ADDRESS	730 NE 86TH ST.		1.3 STREET ADDRESS	8000 West DR. apt # 23	34	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	8000 West DR. apt # 23 N. Bay village, FL 33	141	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME		ĺ	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		Priete	2.4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		†	
TITLE		☐ DELETE	4 1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		1	
CITY-ST-ZIP		- Driege	4.4 CITY - ST - ZIP		-//- to	
TITLE		DELETE	5.1 TITLE		Lange (1) Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	₹	974/168 1	
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ogovora a con A	2 1 1 Y	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	***150.00		
STREET ADDRESS			63 STREET ADDRESS	and the second of the second o	J	
CITY-ST-ZIP			6 4 CITY - ST - ZIP			
4.4 I hereby co	that that the information cumbled with	in this filing done not auglify for	the examplion etated	in Section 119 07(3)(i) Florida Statutes, I further of	irtitu that the information	

merely certify that the information supplied with this tiling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.