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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

1998 DIVISION OF CORPORATIONS

FILED May 06 1998 8:00am Secretary of State

	MENT # P930(M. TRANSPORT & RECO	00071924 (3 WERY INC.	3))	IAN KIRIR KANDA KIRIK BURU KRAK
Principal Place of Business		Mailing Address		1 1001100 110 10100 1111 00111 00111 00111 00111	ian krana natili 11811 asar 1841	
7070 NW 84TH AVE MIAMI FL 33166		7070 NW 84TH AVE Miami Fl 33166		}		
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					10/18/1993	
- , ·		2a. Mailing Address	J Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0451018	Not Applicable \$8.75 Additional	
22		}	27		5. Certificate of Status Desired	Fee Required
only & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees
Zıp	Country Zip C		Country		8. This corporation owes or has paid the cu	irrent year Intangible
24	25	29	30		The state of the s	Yes No
4	9. Name and Address of Cui	rrent Registered Agent	81	Name	10. Name and Address of New Registered	Agent
	RNANDEZ, GLADYS			INAITIE		
2031 SW 127TH CT MIAMI FL 33175			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83			
				City	Fi	85 Zip Code
SIGNATURE	agistered agent, or both, in the Si in familiar with, and accept the of		vas authorized by to, Florida Statutes.		oration submits this statement for the purpose of on's board of directors. I hereby accept the ap	pointment as registered
12.		AND DIRECTORS	13.	agrino requie	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	HERNANDEZ, GABRIEL		1.2 NAME			
STREET ADDRESS	2031 SW 127TH CT		1.3 STREET AL	ODRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-	ZIP		
TITLE	DS	DELETE	2.1 TITLE			Change Addition
NAME	HERNANDEZ, GLADYS		2.2 NAME	ŀ		
STREET ADDRESS	2031 SW 127TH CT		23 STREET AL	ODRESS		
CITY-ST-ZIP			2 4 CITY-ST-	ZIP		() () () () () () () () () ()
TITLE		DELETE	3.1 TITLE			Change Addition
NAME PERCEL ANGROSS	•	• •	3.2 NAME	ADDICCO	•	
STREET ADDRESS			3.3 STREET AL			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST- 4.1 TITLE	ZIF		Change Addition
NAME		,	4. 2 NAME			
STREET ADDRESS		•	4.3 STREET AL	ODRESS		
			4.4 CITY-ST-			
CITY-ST-ZIP			4.4 CHT-5!-	ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	ZIP		☐ Change ☐ Addition
		DELETE		ZIP		Change Addition
TITLE		DELETE	5.1 TITLE			Change Addition
TITLE NAME			5.1 TITLE 5.2 NAME)DAESS		
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET AL)DAESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET AL 5.4 CITY-ST-)DAESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			S.1 TITLE 52 NAME 53 STREET AI 54 CITY-ST- 61 TITLE	DDAESS ZIP		

mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am at a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in yattachment with an address.