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

**PROFIT CORPORATION** ANNUAL REPORT

1999

ANDER TRANSPORT, INC.

1. Corporation Name



DOCUMENT # P93000077730

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90101 020 \*\*\*150.00

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Principal Place of Business Mailing Address							i (501/60) (sa 12:00 (:)(4 00/11 05		/EII 18888	[[]]  <b>33</b>    [ <b>48</b>	
3540 NW 72ND AVE MIAMI FL 33122 US		3540 NW 72ND AVE MIAMI FL 33122 US				DO NOT WRI	TE IN THIS SPA	CE			
							<ol> <li>Date incorporated or Qualifed 11/10/1993</li> </ol>				
2 Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Apr	olied For	
21	ace of Dusiness	26				65-0494256		Not Applicable			
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.						\$	8.75 A	dditional	
22	,,	27				5. Certifcate of Status Desired		Fee Red	quired		
City & State	3	City & State				6. Election Campaign Financing		5.00	May Be		
23		28			-	Trust Fund Contribution		Added to			
Zip	Zip Country Zip		·				8. This corporation owes the current year Intangible				
24	25	25 29 30					Personal Property Tax.	X		□No	
	9. Name and Address of Current	t Registered Agent		241		1	0. Name and Address of New F	legistered Agei	ıt		
CAD	CIA CADI OC			81	Name					ļ	
	cia, carlos Sevilla avenue		82 Street Add			Address	(P.O. Box Number is Not Accepta	ible)			
	AL GABLES FL 33134										
CON	AL GABLES FL 33134			83							
				84	City			FL 85	Zip C	ode	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a	iuthonzec	ו עם ו	ine corpo	corporat oration's	tion submits this statement for the board of directors. I hereby accept	purpose of char t the appointme	ging its int as reg	registered pistered	
SIGNATURE											
	Signature, typed or printed name of registered agen			Agent	signature r	www.beniuper	en reinstating)	DATE			
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OF	FICERS AND D	Change	RS IN 12	
TITLE	D DISTRIBUTE AND DEC E	☐ DELETE	1.1 Π			P T	) 5	<b>A</b>	Dilango		
NAME	DIELINGEN, ANDRES E		1.2 NAME							}	
STREET ADDRESS	3540 NW 72ND AVENUE			STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33122	[ חרו בדר		TY-ST	-ZIP	. 10	<del></del>	N	Change	Addition	
TITLE	DELETE 2:11				VP	1	<i>A</i>	,			
NAME	DIELINGEN, MARIANELLA		2.2 N/		4DDDC00						
STREET ADDRESS	3540 NW 72ND AVENUE				ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 33122	□ DELETE	3.1 TI	ITY-SI	I-ZIP			П	Change	Addition	
		<u> </u>	3.2 N						·		
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CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI		, <b>2</b> 11				Change	Addition	
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CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI			<b></b>			Change	Addition	
NAME			5.2 N	ME							
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CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP						
TITLE		☐ DELETE	6.1 TI	TLE					Change	☐ Addition	
NAMÉ			6.2 N	ME							
STREET ADDRESS			6.3 S	REET	ADDRESS	1				\	
			I			1					

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. CITY-ST-ZIP

SIGNATURE: