

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000079818 (9)**

1. Corporation Name

RPM TRANSPORT, INC.



Principal Place of Business

**9900 NW 80TH AVE 4-R
HIALEAH GARDENS FL 33016**

Mailing Address

**4420 S.W. 148TH TER.
MIRAMAR FL 33027**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
11/18/1993

3a. Date of Last Report
04/17/1995

4. FEI Number
65-0462722

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. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

~~ARBOLLEYA, CARLOS J JR
2100 PONCE DE LEON BLVD
SUITE 1100
CORAL GABLES FL 33134~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4420 SW 148 TER

83

84 City

MIRAMAR

FL

85 Zip Code

33027

11. Pursuant to the provisions of Sections 607.0101 and 607.1504, 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. She is hereby being authorized by the corporation's board of directors, thereby, to accept the appointment as registered agent of an individual who will accept the obligations of Section 607.0101, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMEZAGA, PABLO	
STREET ADDRESS	9990 NW 80TH AVE 4-R	
CITY, ST, ZIP	HIALEAH GARDENS FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMEZAGA, MARIA I	
STREET ADDRESS	9990 NW 80TH AVE 4-R	
CITY, ST, ZIP	HIALEAH GARDENS FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. STREET ADDRESS	
1. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
7. STREET ADDRESS	
7. CITY, ST, ZIP	

14. I do hereby certify that the information supplied by 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 indicates a net gain or loss of at least \$100,000 for the reporting period. I am a director or officer of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am a director or officer of the corporation and that my signature shall have the same legal effect as if made under oath. I am a director or officer of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria I Amezaga **MIA Amezaga 4/9/96**

CR2E034 (12/95)