FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000080712 (1)**

1. Corporation Name
BRAVO TRANSPORT, INC.

Principal Place of Business
~~1012 24 AVENUE #E~~
~~APT. 304~~
~~ELLENTON FL 34222~~
~~US~~

Mailing Address
~~1012 24 AVENUE #E~~
~~APT. 304~~
~~ELLENTON FL 34222~~
~~US~~

2. Principal Place of Business
21 BRAVO TRANSPORT, INC.
Suite, Apt. #, etc.
22 1010-10th St.East
City & State
23 Palmetto
Zip 24 34221
Country 25 USA

2a. Mailing Address
26 BRAVO TRANSPORT, INC.
Suite, Apt. #, etc.
27 1010-10th St. East
City & State
28 Palmetto
Zip 29 34221
Country 30 USA

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report: 04/21/1995
4. FEI Number: 65-0450808 — 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
MARTINEZ, ELIAZAR
~~1012 24 AVENUE #E~~
~~APT. 304~~
~~ELLENTON FL 34222~~

10. Name and Address of New Registered Agent
81 Name: MARTINEZ, ELIAZAR
82 Street Address (P.O. Box Number is Not Acceptable): 1010-10th Street East
83
84 City: Palmetto FL 85 Zip Code: 34221

11. Pursuant to the provisions of Sections 607.0502 and 607.150e, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARTINEZ, ELIAZAR	
STREET ADDRESS	~~1012 24 AVENUE #E~~	
CITY - ST - ZIP	~~ELLENTON FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	MARTINEZ, ELIAZAR	
1.3 STREET ADDRESS	1010-10th Street East	
1.4 CITY - ST - ZIP	Palmetto, Fl. 34221	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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 attached sheet if an addition.

SIGNATURE: _____ 4/30-96 941-722-9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)