

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -8 AM 11:29

DOCUMENT # P93000081014 (1)

1. Corporation Name

ALAN TRANSPORT, INC.

Principal Place of Business

Mailing Address

200 LESLIE DR.
APT. 714
HALLANDALE FL 33009

200 LESLIE DR.
APT. 714
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

11/18/1993

09/14/1994

4. FEI Number

65-0453229

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

2. Principal Place of Business

2a. Mailing Address

21 5445 COLLINS AV

25 5445 COLLINS AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 402

27 # 402

City & State

City & State

23 MIAMI BEACH FL

28 MIAMI BEACH FL

Zip

Country

Zip

Country

24 33140

25 USA

29 33140

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALTAGLIATI, CARLOS
200 LESLIE DR.
APT. 714
HALLANDALE FL 33009

81 Name

N/A

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

N/A

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE P
NAME MALTAGLIATI, CARLOS
STREET ADDRESS 200 LESLIE DR. APT. 714
CITY, ST, ZIP HALLANDALE FL 33009

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

N/A

☐ Change ☐ Addition

TITLE
NAME N/A
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

N/A

☐ Change ☐ Addition

TITLE
NAME N/A
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

N/A

☐ Change ☐ Addition

TITLE
NAME N/A
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

N/A

☐ Change ☐ Addition

TITLE
NAME N/A
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

N/A

☐ Change ☐ Addition

TITLE
NAME N/A
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

N/A

☐ Change ☐ Addition

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 110.07(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 this corporation or the regular 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.

SIGNATURE:

Carlos Maltagliati MALTAGLIATI

08/01/95 (205) 266-9687

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (3/95)