

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

APPROVED AND FILED

95 APR 25 AM 10:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000086708 (3)
 1. Corporation Name
CARLOS FLEET TRANSPORT INC.

Principal Place of Business 2386 WEST 62ND ST. HIALEAH FL 33016	Mailing Address 2386 WEST 62ND ST. HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 04/14/1994
21 1132 N.W. 162ND AVENUE	26 1132 N.W. 162ND AVE.	4. FEI Number 65-0461656		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 PEMBROKE PINES, FL	28 PEMBROKE PINES, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 3302P	25 U.S.A.	29 3302P		30 U.S.A.	

9. Name and Address of Current Registered Agent

**HEVIA, CARLOS M
2386 WEST 62ND ST.
HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name **CARLOS M. HEVIA**
 82 Street Address (P.O. Box Number is Not Acceptable)
1132 N.W. 162ND AVENUE
 83
 84 City **PEMBROKE PINES** FL 85 Zip Code **3302P**

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 *[Signature]* DATE **2-16-95**

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HEVIA, CARLOS M
STREET ADDRESS	2386 WEST 62ND ST.
CITY - ST - ZIP	HIALEAH FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	HEVIA, CARLOS M.	
1.3 STREET ADDRESS	1132 N.W. 162 AVENUE	
1.4 CITY - ST - ZIP	PEMBROKE PINES, FL 3302P	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(b), 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.

SIGNATURE: *[Signature]* **Carlos Hevia** DATE: **2-16-95**