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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000011413 (9)

1. Corporation Name
REALPE TRANSPORT, INC.

Principal Place of Business

1585 CHAIN FERN DRIVE
ORANGE PARK FL 32073

Mailing Address

P.O. BOX 28543
JACKSONVILLE FL 32226-8543

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

REALPE, SEGUNDO H
957 DOSHIRE DR
ORANGE PARK FL 32065

81 Name

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

Signature of person filing this report (if not a director or officer, then of a registered agent)

Printed Name of person filing this report (if not a director or officer, then of a registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PTD	REALPE, SEGUNDO H	957 DOSHIRE DR	ORANGE PARK FL 32065	☐
VP	REALPE, MARIA ELENA	957 DOSHIRE DRIVE	ORANGE PARK FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
				☐	☐ Change ☐ Addition
				☐	☐ Change ☐ Addition
				☐	☐ Change ☐ Addition
				☐	☐ Change ☐ Addition
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14. I do 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.

SIGNATURE:

maurice

3-13-97

CR2E034 (9/96)