

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 # P94000048599 (2)

1. Corporation Name

G.B. TRANSPORTATION, INC.



Principal Place of Business

1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0499682

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

PUJOLS, JOSE
2701 SW LEJEUNE RD.
SUITE 401
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name BRACERAS, WILFRED
82 Street Address (P.O. Box Number is Not Acceptable)
590 WEST 20TH STREET
83
84 City Hialeah FL 85 Zip Code 33010

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0507, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

04/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BRACERAS, SUSANA R.	1200 PONCE DE LEON BLVD.	CORAL GABLES FL	<input type="checkbox"/>
VD	BRACERAS, WILFRED	1200 PONCE DE LEON	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
PD	BRACERAS, SUSANA R.	590 WEST 20TH STREET	Hialeah, FL 33010	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	BRACERAS, WILFRED	590 WEST 20TH STREET	Hialeah, FL 33010	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 changed, or on an attachment with an address

SIGNATURE:

Signature, typed or printed name of signing officer or director

04/26/96

DATE

Signature, typed or printed name of signing officer or director

CR2E034 (12/95)