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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000052710 (8)

1. Corporation Name

CH TRANSPORTATION, INC.

CH TRANSPORTATION, INC.											
Principal Place	of Business		1/	lailing Address					, , , , , , , , , , , , , , , , , , , ,		
3850 N.W. NORTH RIVER DR. MIAMR FL 33142				3850 N.W. NORTH RIVER DR. MIAMI FL 33142							
				MIAMI EL SSIMZ				3. Date Incorporated or Qualified			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 65-0595	205	Applied For	
			26	6				NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required	
City & State			. 27	City & State				6. Election Campaign Financing		00 May Be	
3			28					Trust Fund Contribution Added to Fees			
Zip Country		Country		Zip Country			8. This corporation has liability for inta-		199.032,		
24		25	2:9					Florida Statutes SYes No			
	9, Name	and Address of Cu	rrent Regi	stered Agent				10. Name and Address of New Regi	stered Agent		
						81	Name				
HERRERA, CARLOS SR 3850 N.W. NORTH RIVER DR. MIAMI FL 33142						82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
						83			****		
***************************************	HILLING C. COLLE					84	City	85 Zip Code		Pip Code	
							•	ation submits this statement for the purpo	FL	,	
12. TITLE	PD	r printed name of registered OFFICERS	AND DIRE		13. 1.11	TITLE		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT		
				T DEFEIF					[_] Criange		
NAME OTREST ADDRESS		va, carlos sr W. North River	s UB			IAME TREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP		L 33142	1 011			HY-S	1				
TITLE	1418 21311 4	L 00111		DELETE	2.1				Change	Addition	
NAME	1				221	IAME					
STREET ADDRESS					235	TREET	ADDRESS				
CITY-ST-ZIP						HY-S	T-7IP			Addition	
TITLE				☐ DELETE		TITLE			Change	;Addition	
NAME						AME expect	T ADDHESS				
STREET ADDRESS					1		ST-ZIP				
CITY-ST-ZIP TITLE				[] DELETE		TITLE	01-11r		Chang	Addition	
NAME				L.J		NAME	-				
STREET ADDRESS							ADDRESS				
C/TY-ST-ZIP					4.4 0	CITY - S	ST - ZIP				
TITLE				☐ DELETE	5. 1	TITLE	I		Chang	e 🔲 Addition	
NAME					5.21	NAME					
STREET ADDRESS					1		ADDRESS				
CITY-S1-2IP	ļ			[] DELTI			ST - ZIP		Chang	e	
TITLE	Ì			☐ DELETE		TITLE			LJ Gristiy	- Li vaginon	
NAME					· ·	NAMÉ CTRELI	T ADDDCGC				
STREET ADDRESS							F ADDRESS				
CITY-ST-ZIP	by certify that	the information sun	olied with th	nis filing is voluntarily fu	michael and	1 doe	ST-ZIP es not qualify f	or the exemption stated in Section 119.07	(3)(k), Florida Sta	tutes. I further	
certify that	it the informa Lam an offic	tion indicated on this er or director of the	s annual rep corporation		inual report tee empow			ate and that my signature shall have the sa is report as required by Chapter 607, Flori			

SIGNATURE:

CAND S LIGHT ADDRESS.

4/29/96 (305) 636-3801