

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 08 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 # P94000065642 (8)
1. Corporation Name
DE LEON VAN LINES, INC.



Principal Place of Business Mailing Address
4701 W. 4TH AVE. 4701 W. 4TH AVE.
HIALEAH FL 33012 HIALEAH FL 33012-3838

2. Principal Place of Business 2a. Mailing Address
21 3399 N.W 72 Ave 26 3399 N.W 72 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 211 27 211
City & State City & State
23 Miami FL 28 Miami FL
Zip Country Zip Country
24 33022 25 USA 29 33022 30 USA

3. Date Incorporated or Qualified 09/02/1994 3a. Date of Last Report 02/06/1996
4. FEI Number 65-0519568 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
CHIARA, WILLIAM A JR.
4701 W. 4TH AVE.
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name TAILLADE KARINA
82 Street Address (P.O. Box Number is Not Acceptable) 3399 N.W 72 Ave
83 Suite 211
84 City Miami FL 85 Zip Code 33022

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BECENA, NIURKA	
STREET ADDRESS	3399 N.W. 72ND AVE., SUITE 211	
CITY-ST-ZIP	MIAMI FL 33022	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TAILLADE, KARINA	
STREET ADDRESS	3399 NW 72 AVENUE 211	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TAILLADE, KARINA	
2.3 STREET ADDRESS	3399 N.W. 72 AVE. 211	
2.4 CITY-ST-ZIP	MIAMI, FL 33022	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* DATE: 4/28/97 DAYTIME PHONE #: 305-477-6262

CR2E034 (9/96)