

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000070399 (8)

1. Corporation Name

INTRANSIT SERVICES INC.

Principal Place of Business

**2712 NW 112TH AVE
MIAMI FL 33172**

Mailing Address

**2712 NW 112TH AVE
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 2744 NW 112th Ave

2a. Mailing Address

26 2744 NW 112th Ave

4. FEI Number

65-0521998

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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

**BOTIFOLL, SILVIA M
7400 SW 123RD AVE
MIAMI FL 33183**

10. Name and Address of New Registered Agent

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: Typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOTIFOLL, SILVIA
STREET ADDRESS	7400 SW 123RD AVE
CITY - ST - ZIP	MIAMI FL 33183
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

11 TITLE	V/P/S/D	☒ Change ☐ Addition
12 NAME	BOTIFOLL, SILVIA	
13 STREET ADDRESS	7400 SW 123rd Ave	
14 CITY - ST - ZIP	Miami, FL 33183	
21 TITLE	P/D	☐ Change ☒ Addition
22 NAME	MAESTRI, ILEANA	
23 STREET ADDRESS	227 SW 31 Ave.	
24 CITY - ST - ZIP	Miami, FL 33135	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 118.07(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:

Ileana Maestri

**Ileana Maestri
President**

4/15/95 (305) 591-7590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR