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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

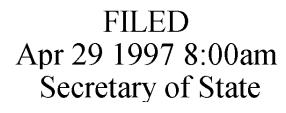
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

INTRANSIT SERVICES INC.

Principal Place of E	Business
2744 NW 112TH AV MIAMI FL 33172	E

Mailing Address





2744 NW 1127H AVE MIAMI FL 33172 US			2744 NW 11. Miami Fl 33 US								
							<ol> <li>Date Incorporated or Qualified 09/23/1994</li> </ol>	3a. Date of 06/03/1		orl	
	2. Principal Place of Business			2a. Mailing Address			4. FEI Number			ied For	1
21			26				65-0521998				
Suite, Apt. #, etc.			Suite, Ar	ot. #, etc.				r=a \$8	3.75 Ad	ditional	1
Cify & State			27				5. Certificate of Status Desired		Fee Requ		
City & State			City & St	ate			6. Election Campaign Financing	\$	<b>5.00</b> м	av Be	1
23			28				Trust Fund Contribution		Added to		
Zip	L	Country	Zip	Zip Country			8. This corporation has liability for it	nlangible tax u	nder ε. 1	99.032.	1
24	25 29 30					Florida Statutes 🙀 Yes 🗌 No					
	9, Name t	and Address of	Current Registered Age	ent			10. Name and Address of New Re		t		1
BO1	FIFOLL, SILV	/A M			8	Name					1
7400 SW 123RD AVE			•		8:	Street A	ddress (P.O. Box Number is Not Acceptab	le)			1
MIAMI FL 33183					8:						-
					"	1					
					8	City		FI 85	Zip Co	de	1
11. Pursuant	to the provision	ons of Sections 6	07.0502 and 607.1508, F	Iorida Statute	es, the abo	.L /e-named c	corporation submits this statement for the poration's board of directors. I hereby accept		naina its r	eaistered	1
office or re	egistered aga m familiar with	int, or both, in the	e State of Florida. Such c e obligations of, Section (	change was a	uthorized b	y the corpo	pration's board of directors. I hereby accep	t the appointm	ont as re	gistored	
i -		i, and decopy the	o othigationa ar, obotion	007.0000,110	TRIG CHERDIC	.o.					ļ
SIGNATURE	Signature, typed o	r printed name of regis	tered agent and title if applicable	(NO1)	Registered A	ent signature re	equired when reinstating)	DATE			ļ
12.		OFFICE	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 12	1
TITLE	VPSD			DELETE	1.1 TOLE		P/S	<b>X</b> 0		Addition	8
NAME	BOTIFOLL				1.2 NAME		1,0				3
STREET ADDRESS	MARK CHAIR ARREST ALIES			1.3 \$1RE8	T ADDRESS					١	
CITY-ST-ZIP	A 41 A 41 PM			1.4 CITY-	S1 - ZIP					Š	
TITLE				2.1 TITLE				hange [	Addition	ζ	
NAME	MAESTRI,	ILEANA			2.2 NAME						ļ
STREET ADDRESS	AAT AT AA 41 FT				2.3 STREE	2.3 STREET ADDRESS					١
CITY-ST-ZIP	MIAMI FL				2. 4 CITY	ST-ZIP					l
TITLE					3.11111.5			□ c	hange [	Addition	1
NAME					3.2 NAME				·		
STREET ADDRESS	•				3.3 STREE	1 ADDRESS					
CITY-ST-ZIP	=1				34 CITY	S1-ZIP					
TITLE				DELFTE	4.1 TITLE			C	hange [	Addition	
NAME					4.2 NAME	[					ĺ
STREET ADDRESS					4.3 STREE	t address					
CITY-ST-ZIP					4.4 CITY-	ST-ZIP					
TITLE				DELETE	5.1 7111.5			C	hange [	Addition	١
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREE	1 ADDRESS					
CITY-ST-ZIP					5.4 CITY -	S1-21P					
TITLE				DELETE	6.1 TITLE			С	hange [	Addition	1
NAME					6.2 NAME	1					
STREET ADDRESS					6.3 STREE	T ADDRESS					ļ
CITY-ST-ZIP					6.4 CHY-	\$1 - 7IP					ĺ

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 eath; 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.

Silvia Botifell