FILE NOW: FILING FEE AFTER MAY 1 (S \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000070965 (6)

DOCUMENT # P9400070965 (6) PERSEVERANCE TRANSPORT INC.										
Principal Place of Business Mailing Address								4 (8 1 1 1 1 1 1 1 1 1		
4971 S.W. 94TH WAY COOPER CITY FL 33328		М	11811 SW 176TH TERR MIAMI FL 33177							
		U	S				3. Date Incorporated or Qualified 09/23/1994		of Last Re 8/07/19	
2. Principal Pla	ace of Business	2a. N	failing Address				4. FEI Number			Applied For
21		26					65-0533283			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		,	Additional Required
City & State			City & State				6. Election Campaign Financing		\$5.0	May Be
23		28					Trust Fund Contribution			to Fees
Zip 24]	Country 25	29 Z	ip	Countr 30	y		8. This corporation has liability for Florida Statutes Yes		x under s	199.032,
	9. Name and Address of Curren	t Registe	red Agent				10. Name and Address of New R	egistered /	Agent	
				81	Name					
BAHADUR-SINGH, TAIJ			82	Street A	Addres	(P.O. Box Number is Not Acceptab	le)			
11811 S.W. 176TH TERRACE										
Miami i	FL 33177			83						
				84	City				85 Zig	Code
44 Daniela	40.000.000		1500 Fire the Otto					<u>FL</u>		
or register familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	da. Such c ion 607.05	hange was authoriz 05, Florida Statutes	red by the cons.	poration's t	board (of such his this statement for the pur of directors. I hereby accept the appr	pose or cha pintment as	registered	agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	TIT 1 PA T W = 1	1 127	DTE: Flog stelled Age		;;	·····			
12.	OFFICERS AND DIRECTORS			13.	nt signarum rei	agunea w	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
TITLE	P		[] DELETE	1. 1 TITLE			ABBITION OF TAXABLE TO OFF		Change	Addition
NAME	BAHADUR-SINGH, SATESH			1.2 NAME				-	_ `	_
STREET ADDRESS	11811 S.W. 176TH TERRACI	E		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33177	_		1.4 CITY	ST-ZIP					
TITLE	VS		DELETE	2. 1 TITLE]	Change	☐ Addition
NAME	BAHADUR-SINGH, MITRA			2.2 NAME						
STREET ADDRESS	11811 S.W. 176TH TERRACI	E	•	2 3 STREE	1 ADDRESS					
CITY-ST-ZIP	MIAMI FL			2 4 CITY -	ST-ZIP					
TITLE	VT		DEFETE	3. 1 TITLE					Change	Addition
NAME	BAHADUR-SINGH, TAIJ			3.2 NAME						
STREET ADDRESS	11811 S.W. 176TH TERRACI	E		3 3. STRE	E1 ADDRESS					
CITY-ST-ZIP	MIAMI FL 33177			3 4 CITY-						
TITLE	V		☐ DELETE	4. 1 TITLE				L	Change	Addition
NAME CARCET ADDRESS	BAHADUR-SINGH, BHARAT			4.2 NAM6						
STREET ADDRESS	11811 SW 176TH TERR				1 ADDRESS					
CITY-ST-ZIP TITLE	MIAMI FL		DELETE	4.4 C/TY - 5. 1 TITLE				г	Change	Addition
NAME	1		_ order	5.1 ME	- 1			ι	Unange	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				5.4 CiTY-	1					
TITLE		· · · · · · · · · · · · · · · · · · ·	DELFIE	6. 1 TITLE				Г	Change	Addition
NAME				6.2 NAME	i					
STREET ADDRESS					T ADDRESS					
CITY-ST.7IP	1				ST 7ID					

14. Ido 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPTICER OR DIRECTOR

305-238-9939 Daylinic Phone #

CR2E034 (12/95)