

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Matham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000073752 (5)**

1. Corporation Name

SOUTHERN TRANSPORT & EQUIPMENT, INC.



Principal Place of Business

**4815 N.W. 184TH TERRACE
MIAMI FL 33055**

Mailing Address

**4815 N.W. 184TH TERRACE
MIAMI FL 33055**

2. Principal Place of Business

2a. Mailing Address

21 **1515 NW 167 ST**

26 **1515 NW 167 ST**

Suite, Apt., etc.

Suite, Apt., etc.

22 **SUITE 214**

27 **SUITE 214**

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FL**

24 **33169**

25 **DADE**

29 **33169**

30 **DADE**

9. Name and Address of Current Registered Agent

**MINDIONDO, HIRAM
4815 N.W. 184TH TERRACE
MIAMI FL 33055**

3. Date incorporated or Qualified

10/07/1994

3a. Date of last Report

07/05/1995

4. FEI Number

65-0526938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Hiram Mindiondo **PRESIDENT**

1-27-96

12. OFFICERS AND DIRECTORS

**PSTD
MANDIONDO, HIRAM
4815 N.W. 184TH TERRACE
MIAMI FL**

☐ DELETE

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☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 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: **Hiram Mindiondo** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96 **624-6767**
DATE OF FILING TIME OF FILING

CR2E034 (12/95)