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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

DOCUMENT #

ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P94000073752 (5) SOUTHERN TRANSPORT & EQUIPMENT, INC.

FILED Mar 18 1998 8:00am



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Principat Place of Business Mailing Address						,p.,,, 29,,,, 99,,,, 42,,, ,	B### (****) ####	amá usi (SA)	
4815 NW 184 TERRACE 4815 NW 184 TERRACE									
SUITE 214 Miami Fl 33055		SUITE 214 MIAMI FL 33055	SUITE 214			DO NOT WRITE IN THIS SPACE			
US	~~	US				3. Date Incorporated or Qualified			
		••			10/07/1994			į	
2. Principal P	lace of Business	2a. Mailing Address		····	4, FEI Number		Ar	oplied For	
21		26			65-0526938			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				sired 🕱		Additional	
22		27			5. Certificate of Status Des	meo 💌	Fee Ro	equired	
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23	28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes of				
24	25	29	30		Personal Property Tax of			□ No	
	g. Name and Address of Currer	nt Registered Agent		741	10. Name and Address of	New Registered	Agent		
	MINDIONDO, HIRAM		į	81 Name			•	1	
4815 N.W. 184TH TERRACE			- 1	82 Street Ad	ddress (P.O. Box Number is Not A	(cceptable)			
MIAMI FL 33055									
			!	83					
			ŀ	84 City			85 Zip	Code	
	· · · · · · · · · · · · · · · · · · ·					FL	- .ll		
11. Pursuant	to the provisions of Sections 607 050 registered agent, or both, in the State	i2 and 607.1508, Florida State of Florida, Such change was	utes, the at s authorized	ove-named corpo	orporation submits this statement ration's board of directors. I here	for the purpose o	of changing it pointment as	ts registered registered	
agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Stati	utes.		.,			
SIGNATURE									
	Stgnature, typed or printed name of registered ag-	on and title (applicable (NO D DIRECTORS		Agent signature re	quired when reinstating) ADDITIONS/CHANGES T	DATE	O DIRECTOR	3C IN 10	
12. TITLE	PSTD	DELETE	13.	1 E	ADDITIONS/CHANGES I	O OFFICENS AN	Change	Addition	
NAME	MANDIONDO, HIRAM	been	1.2 NA					7,20,10,1	
STREET ADDRESS	4815 N.W. 184TH TERRACE	:		REET ADDRESS					
	MIAMI FL	-		Y-ST-ZIP					
CITY-ST-ZIP TITLE	MIN WHITE	DELETE	21 17				Change	Addition	
NAME	MENDIONDO			ME					
STREET ADDRESS	MENDIONDO			REET ADORESS					
CITY-ST-ZIP TITLE		DELETE		TY-ST-ZIP LE			Change	Addition .	
NAME		_ baca	1 6	ME I					
				REET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP TITLE		DELETE		TY-ST-ZIP			Change	Addition	
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STREET ADDRESS				EET ADDRESS					
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CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP LE			Change	Addition	
NAME				ME I					
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STREET ADDRESS								į.	
CITY-ST-ZIP TITLE		DELETE	5.4 IT 61 TIT	Y-ST-ZIP			Change	☐ Addition	
			1	i i			and Supply		
NAME			6.2 NA	ļ .				1	
STREET ADDRESS				REET ADDRESS				1	
CITY-ST-ZIP	partify that the information supplied w	ith this filing does not qualify		Y-ST-ZIP	in Section 110 07/3Vi) Florida St	atutes further o	ortify that the	Information	

indicated on this annual report or supplied with this billing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Informatic 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.