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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000089260 (1)**

1. Corporation Name
GEO TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 650697~~ ~~MIAMI FL 33265~~ XXXXXXXXXXXXXXXXXXXX	~~425 E 13TH STREET~~ ~~HIALEAH FL 33010-3665~~ P.O. BOX 650697 MIAMI, FL 33265

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 P. O. BOX 650697
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FLORIDA
Zip 24 33265 Country 25 DADE

2a. Mailing Address
26 P. O. BOX 650697
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FLORIDA
Zip 29 33265 Country 30 DADE

4. FEI Number: 65-0551917 ☐ Applied For ☐ Not Applicable

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

CABRERA, JORGE L
~~425 EAST 13 STREET~~ P.O. BOX 650697
~~HIALEAH FL 33010~~ MIAMI, FL 33265

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) P. O. BOX 650697
83
84 City MIAMI **FL** 85 Zip Code 33265

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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CABRERA, JORGE		1.2 NAME		
STREET ADDRESS	~~425 E 13 STREET~~	1601 SW 99TH CT	1.3 STREET ADDRESS	P.O. BOX 650697	
CITY-ST-ZIP	~~HIALEAH FL 33010~~	MIAMI, FL 33165	1.4 CITY-ST-ZIP	MIAMI, FL 33265	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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 in changed form or on an attachment with an address.

SIGNATURE: [signature] 02/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114518