

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092532 (8)**

1. Corporation Name
FAST TRANSPORTATION SERVICES OF MIAMI, INC.

Principal Place of Business Mailing Address
7896 NW 14 ST MIAMI FL 33126 7896 NW 14 ST MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1994 3a. Date of Last Report

2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For
21 2070 NW 79 Ave.	26 1893 W. New Haven Ave.	65-0545590	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27 Box # 119	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Miami, FL	28 W. Melbourne, FL	<input type="checkbox"/>	
Zip Country	Zip Country	6. This corporation has liability for intangible tax under S 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 32926 25 DADE	29 32904 30 Brevard		

9. Name and Address of Current Registered Agent

BOTERO, ROBERT
320 RACQUET CLUB RD
#103
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

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

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

(Signature) Agent or previous agent (if previous agent and title is appropriate)

(NOTE: Registered Agent Signature required when transferring)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GROPPE, ROBERT
STREET ADDRESS	8000 PINE NEEDLE LN
CITY, ST, ZIP	W MELBOURNE FL 32904
TITLE	VD
NAME	FORELLE, MAURICE
STREET ADDRESS	1694 ROYAL POINCIANA BLVD
CITY, ST, ZIP	FT LAUDERDALE FL 33326
TITLE	STD
NAME	BOTERO, ROBERT
STREET ADDRESS	320 RACQUET CLUB RD #103
CITY, ST, ZIP	FT LAUDERDALE FL 33326
TITLE	D
NAME	JORDAN, JOHN
STREET ADDRESS	5318 MILLSTREAM DR
CITY, ST, ZIP	ST CLOUD FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, 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)(b), 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 agent 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 of this report, or on an attachment with an address.

SIGNATURE: *Robert G. Gropp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT G. GROPP

4/6/95 (805) 583-5611