05131999-90005-026-\$150.00-\$150.00

PROFIL CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90005 026 ***150.00

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	1999	DIVISION OF	F CORPORATIONS		05-13-1999 90005 020	5 ***150.00	
	MENT # 1994	00009257	32 V				
Fast Transportation Services of Miami				 			
Principal Place	e of Business	Mailing Address			 202237 - 20012 - 20		
3405A	NW 72 Ave.	P.O. Box 620)543				
Suite	203-	Orlando, FL	32862	DO.	NOT WRITE IN THIS SPACE		
Miami,	FL 33122			3. Date incorporated of		 -	
· i				December 1			
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	[]	Applied For	
21	100 0. 000. 1000	26		65-0545590		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status	Desiror III	5 Additional	
22		27		5. Gereloate of Glass	Fee Fee	Required	
City & State	e	City & State		6. Election Campaign Trust Fund Contribu		00 May Be ed to Fees	
Zip	Country	Zip	Country	8. This corporation ow	res the current year Intangible		
24	25	29	30	Personal Property T		□No	
	9. Name and Address of Curren	it Registered Agent	241 31		s of New Registered Agent		
Joh	n Jordan		81 Name	John Jordan			
			82 Street Ad	dress (P.O. Box Number is N 1902 Cypress La	lot Acceptable)		
			83	1902 Cypress ља.	ke Dr. #ZUU		
			03				
			84 City	4 1 -		ip Code 32837	
11. Pursuant to the persions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or egistered agent, or both, in the State of Florida. Such change was authorized by the corp agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				lando moration submits this statem	ent for the purpose of changing	its registered	
office or	egistered agent, oppoth, in the State	of Florida. Such change was	authorized by the corpora	ition's board of directors. I he	reby accept the appointment as	registered	
		H~ Socion 607.0505, FI	DERFETOL		6/01/99	[
SIGNATURE	Stratury fiped or printed name of registered ager	m) and bitle if applicable. (NO	TE: Registered Agem agnature requ	ired when reinstating)	DATE		7
12.		ND DIRECTORS	13.	ADDITIONS/CHANG	ES TO OFFICERS AND DIREC		;
TITLE	Director	☐ DELETE	1.t TITLE		☐ Chan	ge Claconon 2	-
NAME	John Jordan		1.2 NAME			8	
STREET ADDRESS	1902 Cypress Lake		1.3 STREET ADDRESS			CR2E034	
CITY-ST-ZIP	Orlando, FL 3283	37 DELETE	1,4 CITY-ST-ZIP 2.1 TITLE		☐ Chan	ge Addition O	i .
TITLE	President	المال	2.2 NAME		-	" —	
NAME STREET ADORESS	Robert Groppe	IInd+ 1	2.3 STREET ADDRESS			1	
CITY-ST-ZIP	One Air Cargo Plac Melbourne, EL 32		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Chan	ge Addition	
NAME	Vice President _Maurice_Forelle		3.2 NAME	•		ĺ	
STREET ADDRESS			ST IVE				
	1	1e.	3.3 STREET ADDRESS				
CITY-ST-ZIP	3405A N.W. 72nd Av					F7 4 delition	
CITY-ST-ZIP TITLE	3405A N.W. 72nd Av	Chelere	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		Chan	ge Addition	
TITLE NAME	3405A N.W. 72nd Av Miami, FL 33122 Secretary/Treasure Robert Botero	Chelere	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Chan	ge [] Addition	
TITLE NAME STREET ADDRESS	3405A N.W. 72nd Av Miami, FL 33122 Secretary/Treasure Robert Botero 3405A N.W. 72nd Av	er DELETE	3.3 STREET ADDRESS 3.4 CITY- ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3405A N.W. 72nd Av Miami, FL 33122 Secretary/Treasure Robert Botero	er DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		☐ Chan		
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14. I hereby certify that the information supplied with this filling 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 certify 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 erran attachment with an address, with all other like empowered.

SIGNATURE:

SOLDA DERBETOR