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95 MAY -1 AM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **P94000092813 (2)**

1. Corporate Name

TRANSPORT EQUIPMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
17920 SW 77TH AVE MIAMI FL 33157	17920 SW 77TH AVE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified: **12/23/1994** | 3a. Date of Last Report:

4. FEI Number: **65-0543820** | ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Fictitious Name(s) to be used ☐ — **$5.00** May Be Added to Fees

8. This corporation has authority to transact business in Florida Statutes ☒ Yes ☐ No

21	26
22 Suite, Apt. # or P.O. Box	27 Suite, Apt. # or P.O. Box
23 City & State	28 City & State
24 Zip	25 County	29 Zip	30 County

9. Name and Address of Current Registered Agent

ALARCON, RAMON
17920 SW 77TH AVE
MIAMI FL 33157

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 Section 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: _____

12. OFFICER AND DIRECTOR	13.
01 D 02 ALARCON, RAMON 03 17920 SW 77TH AVE 04 MIAMI FL 33157	☐ Change ☐ Add/Del
01 D 02 ALARCON, TERESA 03 17920 SW 77TH AVE 04 MIAMI FL 33157	☐ Change ☐ Add/Del
01 02 03 04	☐ Change ☐ Add/Del
01 02 03 04	☐ Change ☐ Add/Del
01 02 03 04	☐ Change ☐ Add/Del
01 02 03 04	☐ Change ☐ Add/Del

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or subsequent annual report is true and accurate and that this separation 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: X Ramon Alarcon 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE

000019 FP