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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000093822 (2)

1. Corporation Name

G & M TRANSPORTATION INC.



Principal Place of Business

Mailing Address

~~200 N.W. 107TH AVE.~~
~~MIAMI~~
~~FL 33172~~

~~200 N.W. 107TH AVE.~~
~~MIAMI~~
~~FL 33172~~

2. Principal Place of Business

2a. Mailing Address

21 33 N.W. 108 CT

26 33 N.W. 108 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI FL 33172

28 MIAMI FL 33172

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, GILBERTO

~~200 N.W. 107TH AVE.~~

~~MIAMI~~

~~FL 33172~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

33 N.W. 108 CT

83

84 City MIAMI

FL

85 Zip Code 33172

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 of the individual named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when non-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MARTIN, GILBERTO
STREET ADDRESS 200 N.W. 107TH AVE. #104
CITY-STATE-ZIP MIAMI FL 33172

TITLE VD ☐ DELETE

NAME MARTIN, DOLORES M
STREET ADDRESS 200 N.W. 107TH AVE. #104
CITY-STATE-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

33 N.W. 108 CT

1.4 CITY-STATE-ZIP

MIAMI FL 33172

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

33 N.W. 108 CT

2.4 CITY-STATE-ZIP

MIAMI FL 33172

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/96

Date

(305) 226-2717

Daytime Phone #

CR2E034 (12/95)