FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

#0-202

6905 N.W. 173RD DR.

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if.

SIGNATURE:

Principal Place of Business

6905 N.W. 173RD DR.

#0-202



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020886 (4)

RIVERA TRANSPORT SERVICES, INC.

MIAMI FL 33015-5579 MIAMI FL 33015 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1995 11/20/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0583794 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζiρ Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIVERA, ANGELINA 6905 N.W. 173RD DR. 82 Street Address (P.O. Box Number is Not Acceptable) #0-202 83 **MIAMI FL 33015** 84 Zip Code 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. SIGNATURÉ Signature ity on or print dingree of regenered agent and tife if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ΡD DELETE Change Addition 1.1 TITLE THUE RIVERA. ANGELINA NAME 1.2 NAME 8045 N.W. 7TH ST. BL. APT 101 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33126 1.4 CITY - ST - ZIP CITY - ST. ZIP DELETE Addition ŤĎ Change 2.1 TITLE TITLE IRIZARRY, ROBERTO MAME 22 NAME 8045 N.W. 7TH ST. BL. APT 101 23 STREET ADDRESS STREET ADDRESS MIAMI FL 33128 2. 4 CITY - ST - ZIP CITY-SI-7P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - 7IP DELETE Change Addition TATALE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZII 4.4 CITY - ST- ZIP DELETE Change Addition 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY - \$1 - 2iP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP C(TY - S1 - 70° 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual repet for 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

FILED Feb 03 1997 8:00am Secretary of State

