

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

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AND
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97 JAN 13 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1996

DOCUMENT # P95000029349 (4)

1. Corporation Name

AG TRANSPORTATION, INC.

1996-97 REINSTATEMENT

Principal Place of Business

7537 W 5TH LN
HIALEAH FL 33014

Mailing Address

7537 W 5TH LN
HIALEAH FL 33014

3. Date Incorporated or Qualified
04/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 198 NW 75th St.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33150

Country

25 USA

2a. Mailing Address

26 198 NW 75th St.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33150

Country

30 USA

4. FEI Number

APPLIED FOR.

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAFFER, JACK J
3301 NE SECOND AVE
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

BRUCE HAAS

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

9604 SW 117th Ct

83

84 City

MIAMI

FL

85 Zip Code

33186

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

Bruce Haas

(NOTE: Registered Agent signature required when reinstating)

Bruce Haas 12/2/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
DPS
GONZALEZ, ALBERTO
7537 W 5TH LN
HIALEAH FL 33014

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~BRUCE~~ PRESIDENT ☒ Change ☐ Addition

1.2 NAME BRUCE HAAS

1.3 STREET ADDRESS 9604 SW 117th Ct

1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE TREASURER ☐ Change ☒ Addition

2.2 NAME ALBERTO GONZALEZ

2.3 STREET ADDRESS 7537 W. 5TH ST

2.4 CITY-ST-ZIP HIALEAH, FL 33014

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REINSTATEMENT 96-97

A. Alan
1/13/97

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***583.75 ***583.75

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:

Alberto Gonzalez ALBERTO M. GONZALEZ

11-20-96

Date

362-8982

Daytime Phone

CR2E034 (12/95)