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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P95000030669 (2)

KEVIN	I'S TRANSPORTATION, II	NC.			
Principal Place of Business POST OFFICE BOX 960892 MIAMI FL 33296-0892		Mailing Address POST OFFICE BOX 960892 MIAMI FL 33296-0892		1 10013181 119 10104 01111 00	117 801)) 901)) 96196 11711 96118 97119 9119 1911 1901
				3. Date Incorporated or Qualific 04/19/1995	ed 3a. Date of Last Report
2. Principa! Plad	ce of Business	2a. Mading Address		4. FEI Number 65-05743	302 Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	CQ 75 Additional
Oity & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25 9, Name and Address of Curre	Zip 29 29	Gountry 30		for intangible tax under s. 199.032, Yes. No
MC na	CARLOS G	in registered Agent	81 Nar		w negistered Agent
9605 SW 148TH COURT MIAMI FL 33196				et Address (P.O. Box Number is Not Accep	otable)
MIAMI	rt 33196		83 84 Orty	,	85 Z₁p Code
or registere familiar with SIGNATURE	the provisions of Sections 607.050 diagent, or both, in the State of Floi, and accept the obligations of Soci agriduatine typed or protein control regulators agric	nda. Such change was authori don 607.0505, Florida Statute	zed by the comoratio	d corporation submits this statement for the n's board of directors. Thereby accept the a	purpose of changing its registered office appointment as registered agent. Lam
12.		ND DIRECTORS	I 13.		OFFICERS AND DIRECTORS IN 12
TITLE	PIO	☐ DECETE	1 1 FIFLE		Change Addition
NAME STREET ADDRESS	MEJIA, CARLOS G 9605 SW 148TH COURT		1.2 NAME 1.3 STREET ADDRE	55	
CITY-ST-ZIP	MIAMI FL 33196		1.4 C-! Y - ST - Z-F'		
TIPLE		☐ DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRE	55	
TITLE		DELETE	2.4 C·TY - S1 - ZIP 3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			33 STREET ADDRE	ss	
CITY-ST-7IP			3.4 C(1Y - \$1 - Z(P		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRÉ	ss	
CITY-ST-ZIP			4.4 CHY+ST+Zif*		
THTLE		☐ DELETE	5 1 TATLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORE	SS	
CITY-ST-ZIF		Photo	54 City St ZIP		
TITLE		DELETE	6 1 TiT⊾₹		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRE	ŞS	
C(TY - ST - Z(P		r og syk kyrene engelegele	€4 CITY - ST-ZIP		

I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Fiorida Statutos. 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 it made under oath; that I am an officer or director of the provision or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if chapter, or on an attachment unit an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

3ar-388-5082

HZE034 (12/95)