			LVED ON OR AFTER A MINIMUM AMOUNT DUE			
	PROFIT	Out of	FLORIDA DEPART		_	
	PORATION		Sandra B.	Mortham		
	JAL REPORT		Secretary			
	1996	Con With the	DIVISION OF C	OHPOHATIONS		
DOCUMENT # P95000033007 (2)						
TRANS	SPORTATION SE	rvices interna	ATIONAL, INC.		I IORIHAAN HO INKA BAKK AAKK AANIN AAN	1) <b>20:10</b>   11:00   11:11   <b>20:</b> 11   <b>20:</b> 14   10:01   10:01
Principal Place	e of Business	Ma	niling Address			
1015 W. AMERICA WAY			1015 W. AMERICA WAY			
#128 MASA FL 33132		#128 MIAMI FL 33132		3. Date Incorporated or Qualified	3a. Date of Last Report	
			•		04/27/1995	
2. Principal Pr	lace of Business  N.W.M.		Mailing Address		4. FEI Number 65-057-8279	Applied For
Suite, Apt		7/11 -7. 26	Suite, Apt. #, etc.	E	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22		27	SA"	·		Fee Required
City & State	ami, FLOR	id A 28	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Coun	try A	Zip	Country	8. This corporation has liability for int	· -
24 55		ress of Current Regist		30	Florida Statutes  10. Name and Address of New Regi	Yes No stered Agent
SA	ARASKY, ILENE B			81 Name /2	955 S.W. 68 #	AVE.
1015 W. AMERICA WAY					ess (P.O. Box Number is Not Acceptable	1275
#128 MAMI FL 33132				B3	HINC, PORT SH	20730
/"				84 City	·	FL 85 Zip Code
11. Pursuant	to the provisions of Se	ctions 607.0502 and 60	07. 1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purp	pose of changing its registered
office or re agent. I a	egistered agerit or bo ny familiar with, and ac	th, in the State of Florid c <del>opt the ob</del> ligations of	a Such change was au Section 607.0505, Flor	ithorized by the corporation ida Statutes.	on's board of directors. I hereby accept li	ne appointment as registered
SIGNATURE (	Signature typed or princed as	ce of registered as of one rise.	SEPH C07	Feed Jerila Agent signative requir	ed when relastating)	/12/96 DATE
12.		OFFICERS AND DIREC	TORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 G
TITLE NAME	SARASKY, ILEN	IF R	Detere	1.1 TOTLE 1.2 NAME		Cuande C veguion G
STREET ADDRESS	1015 W. AMER	ICA WAY #128		1.3 STREET ADDRESS		F03
CITY-ST-ZIP TITLE	MIAMIS FL 3313		DELETE	1 4 CHTY - SF- ZIP 2 1 TITLE		Change Addition
NAME	PRESIDENT TOSEPH 12955 S.U Mirmi, F.	J. Cuti		2 2 NAME		
STREET ADDRESS	12955 5.4	1.68 AVE.		2 3 STREET ADDRESS		
CITY - ST - ZIP TITLE	Miom, F	i. 53/36	DELETE	2 4 CHTY - ST - ZIP 3 1 TIFLE		Change Addition
NAME				3 2 NAME		
STREET ADDRESS				3 3 STREET ADDRESS		
CITY - ST - ZIP TITLE			DELETE	3.4 CITY-ST-ZIF 4.1 TITLE		Change Addition
NAME				4 2 NAME		
STREET ADDRESS				4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELE I€	5 1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS CITY-ST-ZIP				5 3 STREST ADDRESS 5 4 CHTY - ST - ZIP		
THILE			DELETE	6 ' TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6 3 STREFT ADDRESS 5 4 City - St - ZIP		
14. I do herel				nished and does not qual	ify for the exemption stated in Section 11	
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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
Í					1) chobe 6.00	1-4-2222
SIGNATURE: JOSEPH Cuti) 6/12/96 (305)754-3333						
J	<u> </u>	1				Į.