

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90098 006 ***158.75

DOCUMENT # P95000038736

1. Corporation Name

APPAREL TRANSPORTATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3101 N.W. 74TH AVENUE
MIAMI FL 33122
US

Mailing Address

P O BOX 52-2210
MIAMI FL 33152
US

3. Date Incorporated or Qualified

05/16/1995

2. Principal Place of Business

21 Miami, Florida
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 52-2210
Suite, Apt. #, etc.

4. FEI Number

65-0612534

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 owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

DEL CALVO, LEOPOLDO
3101 N.W. 74TH AVENUE
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

Del Calvo, Leopoldo

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

7200 Corporate Center Drive #304

83

84 City

Miami

FL

85 Zip Code

33126

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 **Leo Del Calvo, President**

January 4, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**
NAME **DEL CALVO, LEO**
STREET ADDRESS **3101 N.W. 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **ST**
NAME **DEL CALVO, LEOPOLDO**
STREET ADDRESS **3101 N.W. 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Secretary

☒ Change

☒ Addition

1.2 NAME

Kathy Del Calvo

1.3 STREET ADDRESS

7200 Corporate Center Drive #304

1.4 CITY-ST-ZIP

Miami, Florida 33126

2.1 TITLE

President

☒ Change

☐ Addition

2.2 NAME

Leo Del Calvo

2.3 STREET ADDRESS

7200 Corporate Center Drive #304

2.4 CITY-ST-ZIP

Miami, Florida 33126

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Leo Del Calvo, President

January 4, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0222298