

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

DOCUMENT # **P95000038736**

1. Corporation Name  
**APPAREL TRANSPORTATION, INC.**

Principal Place of Business  
3101 N.W. 74TH AVENUE  
MIAMI FL 33122  
US

Mailing Address  
P O BOX 52-2210  
MIAMI FL 33152  
US

2. Principal Place of Business  
**21 Miami, Florida**

Suite, Apt. #, etc.

**22 7200 Corporate Center Dr**

City & State

**23 #304 Miami, Fl. 33126**

Zip

**24 25**

2a. Mailing Address  
**26 PO Box 52-2210**

Suite, Apt. #, etc.

**27**

City & State  
**28 Miami, Fl. 33152-2210**

Zip

**29**

Country  
**30**

9. Name and Address of Current Registered Agent

**DELCALVO, LEOPOLDO  
3101 N.W. 74TH AVENUE  
MIAMI FL 33122**

81 Name **Del Calvo, Leo**  
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**

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

(NOTE: Registered Agent signature required when reinstating)

January 4, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> DEL CALVO, LEO 3101 N.W. 74TH AVENUE MIAMI FL 33122	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Secretary Kathy Del Calvo 7200 Corporate Center Drive #304 Miami, Florida 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> DEL CALVO, LEOPOLDO 3101 N.W. 74TH AVENUE MIAMI FL 33122	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President Leo Del Calvo 7200 Corporate Center Drive #304 Miami, Florida 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

0222298

CR2E034 (1198)