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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039455 (7)

MIAMI DRIVE-AWAY SERVICE CORPORATION

Principal Place of Business	Mailing Address
201 N.E. 46TH ST.	201 N.E. 46TH ST.
MIAMI FL 33137	MIAMI FL 33137

FILED Apr 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0583 199 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country Zip This corporation owes or has paid the current year Intangible 25 29 30 Personal Properly Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PEREZ. ANA R 201 N.E. 46TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 11 THUE TITLE PEREZ, ANA R NAME **1.2 NAME** STREET ADDRESS 201 N.E. 46TH ST. 1.3 STREET ADDRESS MIAMI FL 33137 1.4 CITY-ST-ZIF CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PEREZ, MANUEL 2.2 NAME NAME 201 N.E. 46TH ST. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE 3 1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - S1 - ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 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