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

PROFIT • • • CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000039776

FERR TRANSPORT CORPORATION

Principal Place of Business

Mailing Address

FILED
Jun 13 1997 8:00am
Secretary of State

17760 NW 67th Av. #805 17760 NW 67th Av. #805											
Miami :	Lakes, F1.3301	5 Miami Lakes	, Fl. 330	015-	-5811						
						3. Date Incorporated or Qualified	3a. D.	ate of Last	Report	٦	
						05-18-95				1	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1 4		applied For	1	
21		26				65-0588757			lot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional	٦	
22		27				5. Certificate of Status Desired	ш.	Fee F	Required		
City & Stat	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	٦	
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	-	Zip Coun			8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes XXNo						
. /	V. Name and Address of Ci	urrent Hegistered Agent		81	Name	10. Name and Address of New Reg	jisterea .	Agent		4	
ISABEL FERNANDEZ					Name						
	0 N.W. 67th AV	F # 805	+ 805		Street A	ddress (P.O. Box Number is Not Acceptab	le)				
	I LAKES, FL. 3			83						4	
MING	I DAKES, FD. 3	3013		65							
				84	City		FL	85 Zip	Code	1	
44 Pursuant	to the provision of Continue CO	7 0500 and 607 1500 Class	in Clatuton the		and a	corporation outpoits this statement for the				4	
office or r	egistered agent or both, in the	State of Florina, Such chan	ge was authoriz	addve zed by	the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept	urpose of Lithe app	changing ointment as	its registered s registered		
	m familiar with fand account he o	obligations 11, Section 607.	0505, Florida Si -	talutes	\$.	05/29	lan				
SIGNATURE	Signature Typ distributed ryme of rogister	nd applicable	(NOTE Benete	orod Ario	rd e anghae n	equired which reinstaining)	DATE				
12.	OFFICERS	ed agent and the Happicable S AND DIRECTORS	15		in o gradice in	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	่ [อ	
TITLE .	P /	□ DE	LETE 1.1	TITLE				☐ Change	Addition	- 8	
NAME	FRANCISCO G. FER	NANDEZ	1.2	NAME	ſ			-			
STREET ADDRESS				STREET	ADDRESS					8	
CITY-ST-ZIP	I			C11Y - S	1 - 2 1P					ļ	
TITLE		[] 60	LETÉ 2.1	THILE				Change	Addition	۲	
NAME	VP SABEL FERNANDEZ 21 TH			NAME							
STREET ADDRESS	17760 N.W. 67	th AVE. # 80	23	STREET	ADDRESS					1	
CITY-ST-ZIP	Miami Lakes,			4 CITY - S	11 - ZIP						
TITLE		☐ DE	LETE 3.1	TITLE				Change	Addition	1	
NAME :			3.2	NAME							
STREET ADDRESS			3.3	STREET	ADDRESS						
CITY-ST-ZIP				COTY-S	T-ZIP						
TITLE		☐ DE	LETE 4.1	TITLE				Change	Addition	7	
NAME			4 2	P NAME							
STREET ADDRESS	•		4.3	STREET	ADDRESS	.1	Λ				
CITY-ST-ZIP				CI1Y-S1	I - ZIP	Was	<u>(A</u>				
TITLE	DELETE 5.1 TIT		TITLE			10/1	☐ Charige	☐ Addition	٦		
NAME			52	NAME		V (ካ				
STREET ADDRESS			53	STREET	ADDRESS	`\ ^					
CITY-ST-ZIP				COLY-SI	1-7IP	<i>\omega</i>					
TITLE		□ OI	LETE 61	1ITL f			سيدر ور	Change	Addition		
NAME			6.2	NAME		60000221 -06/17/97010	40	bb			
STREET ADDRESS			6.3	STREET.	ADORESS	-Ub/17/37U1U	ມຜ _	121			
CITY-ST-7P				CITY-SI		***165.00		# A Third Sales See 5 - 1700 - 1 - 11			
 14. 1 do hereb 	by certify that the information sur	op ied with this filing does r	not qualify for th	ie exer	notion sta	ited in Section 119.07(3)(i). Florida Statutes	. I further	certify that	the	1	

6. I do nereby 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 eath; that I am an officer or director of the corporation or the receiver or frustoc 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.

SIGNATURE

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BIONATURE AND TYPED OR DINITED NAME OF SIGNING OFFICER OR DIRECTOR

05-29-97

(3₀₅)823-0851