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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039906 (9)

1. Corporation Name
ROLAND TRANSPORT, INC.



Principal Place of Business
1229 SW 30TH CT #325 MIAMI FL 33135 US

Mailing Address
1229 SW 30TH CT #325 MIAMI FL 33135-4732 US

3. Date Incorporated or Qualified 05/19/1995
3a. Date of Last Report 04/24/1996

2. Principal Place of Business
21 9445 Fontainebleau Blvd
Suite, Apt. #, etc. Apt # 113
City & State Miami, FL
Zip 33172 Country US

2a. Mailing Address
26 9445 Fontainebleau Blvd
Suite, Apt. #, etc. Apt # 113
City & State Miami, FL
Zip 33172 Country U.S.

4. FEI Number 65-0582951
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent
GONZALEZ, ROLANDO
1229 SW 30TH CT #325 MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name Gonzalez, Rolando
82 Street Address (P.O. Box Number is Not Acceptable) 9445 Fontainebleau Blvd
83 Apt # 113
84 City Miami FL 85 Zip Code 33172

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] DATE: 2/28/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ROLANDO	
STREET ADDRESS	1229 SW 30 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, LILLIAN	
STREET ADDRESS	1229 SW 30TH CT	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gonzalez, Rolando	
1.3 STREET ADDRESS	9445 Fontainebleau Blvd Apt 113	
1.4 CITY - ST - ZIP	Miami, FL 33172	
2.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gonzalez, Lillian	
2.3 STREET ADDRESS	9445 Fontainebleau Blvd # 113	
2.4 CITY - ST - ZIP	Miami, FL 33172	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: [Signature] TSD DATE: 2/28/97 (305) 228-0275

CR2E034 (9/96)