

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000048603 (1)

1. Corporation Name

F.T. TRANSPORTATION INC.



Principal Place of Business

1116 GROVE ST
MAITLAND FL 32751

Mailing Address

1116 GROVE ST
MAITLAND FL 32751

3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number

59-3321429

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSA, LEONOR C
12307 GARNI CT
ORLANDO FL 32837

81 Name

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

83 14319 BENDING BRANCH CT

84 City ORLANDO

FL

85 Zip Code

32824

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 then signatory.

(If the Registered Agent signature requires when transacting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

President

Guillermo Berger

1116 GROVE ST.

MAITLAND FL 32751

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Secretary

LEONOR C. ROSA

14319 BENDING BRANCH CT

ORLANDO FL 32824

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

407-629-1065

Date

Telephone Number

CR2E034 (12/95)