

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000058143 (5)

1. Corporation Name

ON WHEELS TRANSPORT INC.



Principal Place of Business

5132 GRANT LANE
WEST PALM BEACH FL 33415

Mailing Address

5132 GRANT LANE
WEST PALM BEACH FL 33415

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25 USA

29

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

07/26/95

4. FEI Number

65-0600077

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

10. Name and Address of New Registered Agent

SALDANA, DANIEL
5147 GRANT LANE
WEST PALM BEACH FL 33415

81 Name

DANIEL SALDANA

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

5132 GRANT LANE

83

WEST PALM BEACH, FL 33415

84 City

FL

85 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

Daniel Saldana

DANIEL SALDANA

(NOTE: Registered Agent signature required when reinstating)

DATE 02-02-96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SALDANA, DANIEL
STREET ADDRESS 5147 GRANT LANE
CITY-STATE-ZIP WEST PALM BEACH FL 33415

TITLE DV ☒ DELETE

NAME SALDANA, CIRILA
STREET ADDRESS 5147 GRANT LANE
CITY-STATE-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

12 NAME SALDANA, DANIEL
13 STREET ADDRESS 5132 GRANT LANE
14 CITY-STATE-ZIP WEST PALM BEACH, FL 33415

2.1 TITLE DV ☒ Change ☐ Addition

22 NAME SALDANA, CIRILA
23 STREET ADDRESS 5132 GRANT LANE
24 CITY-STATE-ZIP WEST PALM BEACH, FL 33415

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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:

Daniel Saldana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL SALDANA

02-02-96 (407) 684 9467

Date

Daytime Phone #

CR2E034 (12/95)