

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

FILED
May 01 1996 8:00 am
Secretary of State

CORPORATION
 ANNUAL REPORT
1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000060602
 1. Corporation Name
MONTI VAN LINES, INC. - FLORIDA

Principal Place of Business Mailing Address
C/O MONTI MOVING & STORAGE, INC.
925 BERGEN STREET
BROOKLYN, N.Y. 11238

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 *SAME AS ABOVE** **26 ***SAME AS ABOVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 **28**
 Zip Country Zip Country
24 **25** **29** **30**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/07/95
 4. FEI Number Applied For
65-0606927 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

9. Name and Address of Current Registered Agent
CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 *Sandra B. Mortham*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 1.1 TITLE **PRESIDENT**
 1.2 NAME **MONTIANO ASCANIO**
 1.3 STREET ADDRESS **17 CONTINENTAL DRIVE**
 1.4 CITY-ST-ZIP **WEST NYACK, N.Y. 10994**
 2.1 TITLE **VICE-PRESIDENT**
 2.2 NAME **TRINIDAD ASCANIO**
 2.3 STREET ADDRESS **17 CONTINENTAL DRIVE**
 2.4 CITY-ST-ZIP **WEST NYACK, N.Y. 10994**
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
200001808532
-05706796--01024--013
*****200.00**
 Change Addition
NS 5-1

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 or changed, or on an attachment with an address.
SIGNATURE: *Sandra B. Mortham* **PRESIDENT.**
MONTIANO ASCANIO, 3/11/96 (718) 638 8400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #