

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073202 (0)

1. Corporation Name

L & S TRANSPORT, INC.



Principal Place of Business

6133 AVALON ROAD
WINTER GARDEN FL 34787

Mailing Address

6133 AVALON ROAD
WINTER GARDEN FL 34787

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SILGUERO, GRACIELA
6133 AVALON ROAD
WINTER GARDEN FL 34787

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 607.1505, 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 of person who filed this report with the Department of State)

(Print Name of Agent, Supervisor, or Secretary of Corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

SILGUERO, GRACIELA
462 CHARLOTTE STREET
WINTER GARDEN FL 34787

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

SILGUERO, JANE
462 CHARLOTTE STREET
WINTER GARDEN FL 34787

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

[] DELETE

13.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] 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(5)(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

3/18/96 407/656/0748

CR2E034 (12/95)