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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076485

1. Corporation Name

VITRAN INVESTMENT CORP.

Principal Place of Business	Mailing Address		
13052 SW 133RD CT	13052 SW 133RD CT		
MIAMI FL 33186 .	MIAMI FL 33186		

May 03, 1999 8:00 am Secretary of State 05-03-1999 90017 022 ***150.00



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Principal Plac	e of Business	Mailing Address				IKI OBILI IBBIA OLIJI OLDOLI	
13052 SW 133RD CT 13052 SW 133RD CT MIAMI FL 33186 MIAMI FL 33186						•	
MIMMI FL 3310		MIAMI 1E 33100			DO NOT WRITE II	THIS SPACE	
					3. Date Incorporated or Qualifed		
					10/05/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21		26			65-0635435		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22	· · · · · · · · · · · · · · · · · · ·	27				Fee Rec	·
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 M	
23		28		ntn.	Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Cou	nay	This corporation owes the current y Personal Property Tay		dino
24	9. Name and Address of Curr	29 29	30		Personal Property Tax. 10. Name and Address of New Regis		
	g, Name and Address of Curr	ent registered Agent		81 Name			
BER	tran, reuben						
1305	52 SW 133RD CT			82 Street	Address (P.O. Box Number is Not Acceptable)		
· MIAI	WI FL 33186			83			
	•				·		
			ı	84 City		FL 85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	itutes, the a	bove-named	corporation submits this statement for the purp	ose of changing its r	registered
office or r	registered agent, or both, in the Statement and accept the obliners.	te of Florida. Such change wa	s authorized	I by the corp	oration's board of directors. I hereby accept the	appointment as reg	istered
	m ramiliar with, and accept the oblig	gations of, Section 667.0303,	i iorioa otato	ates.			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTE: Registered	Agent signature	required when reinstating)	ATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TH	n.E		☐ Change	☐ Addition
NAME	BERTRAN, RUBEN		1.2 NA	ME			
STREET ADDRESS	13052 SW 133RD CT		1.3 \$T	REET ADORESS			
CITY-ST-ZIP	MIAMI FL 33186			TY-ST-ZIP			
TITLE		☐ DELETE	2.1 TIT	TLE	VILE TRESIDENT		_ _
NAME	,					Change	Addition
STREET ADDRESS			2.2 NA	ME	VILLAR LUIS		Addition
CITY-ST-ZIP	1			ME REET ADDRESS	VIII An LUIS 13052 S.W. 13320	Change	Addition
TITL C			2.3 ST 2.4 CI	REET ADDRESS ITY-ST-ZI <u>P</u>	VIIIAR LUIS	<u> </u>	
TITLE		☐ DELETE	2.3 ST 2.4 CI	REET ADDRESS ITY-ST-ZI <u>P</u>	VIII An LUIS 13052 S.W. 13320		Addition Addition
NAME		☐ DELETE	2.3 ST 2.4 CI	REET ADORESS ITY-ST-ZIP ILE	VIII An LUIS 13052 S.W. 13320	<u> </u>	
		☐ DELETE	2.3 ST 2.4 Cl 3.1 Tl 3.2 NA	REET ADORESS ITY-ST-ZIP ILE	WILAR LUIS 13052 S.W. 13320 Mimmi FL 33186	<u> </u>	
NAME			2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP	WILAR LUIS 13052 S.W. 13320 Mimmi FL 33186	Change	Addition
NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII	REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP ILE	WILAR LUIS 13052 S.W. 13320 Mimmi FL 33186	<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP			2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NJ	REET ADDRESS ITY-ST-ZIP ILE WME REET ADDRESS ITY-ST-ZIP ILE AME	WILAR LUIS 13052 S.W. 13329 MIAMI FL 33186	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NJ	REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP ILE	WILAR LUIS 13052 S.W. 13329 MIAMI FL 33186	Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CI 5.1 TII	REET ADDRESS ITY-ST-ZIP ILE MME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE ITY-ST-ZIP ILE	WILAR LUIS 13052 S.W. 13329 MIAMI FL 33186	Change	Addition
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CITY-ST-ZIP 14. I 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 2

305-971-0855