

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 10 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000077184 (6)

1. Corporation Name
INTENSE TRANSPORT, INC.



Principal Place of Business: **2538 WEST 71ST PLACE HIALEAH FL 33016 9101 Okeechobee Rd. Hialeah Gardens, FL 33016**
 Mailing Address: **2538 WEST 71ST PLACE HIALEAH FL 33016 9101 Okeechobee Rd. Hialeah, Gardens, FL 33016**

3. Date Incorporated or Qualified: **10/09/1995**
 3a. Date of Last Report: **06/02/1996**
 4. FEI Number: **APPLIED FOR 65-0625264**
 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

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
WOLFE, RICHARD C ESQ.
2538 WEST 71ST PLACE
HIALEAH FL 33016

10. Name and Address of New Registered Agent (81-85)
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACHADO, LOUIS	
STREET ADDRESS	2538 WEST 71ST PLACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MACHADO, MARIANELLY	
STREET ADDRESS	2538 WEST 71ST PLACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VIVES, YOBANI	
STREET ADDRESS	2538 WEST 71ST PLACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY OF STATE
2.3 STREET ADDRESS	ANGEL L. FERRER
2.4 CITY-ST-ZIP	2760 W. 61ST PLACE #201 HIALEAH, FL 33016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 as an attachment with an address.

SIGNATURE: _____ Date: **1/13/97** Daytime Phone #: **824-3009**

CR2E034 (9/96)