

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 # P95000087042 (4)

1. Corporation Name

J.G. QUALITY TRANSPORT SERVICES, INC.



Principal Place of Business

Mailing Address

9949 NORTHWEST 89 AVENUE
BAYS 17 AND 18
MEDLEY FL 33178

9949 NORTHWEST 89 AVENUE
BAYS 17 AND 18
MEDLEY FL 33178

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERRA, GUIDO
9949 NORTHWEST 89 AVENUE
BAYS 17 AND 18
MEDLEY FL 33178

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 607.1509, 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: Typed or printed name of registered agent and the entity name

(NOTE: Registered Agent Signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

GUERRA, GUIDO

STREET ADDRESS

9949 NORTHWEST 89 AVE. BAYS 17 & 18

CITY - ST - ZIP

MEDLEY FL 33178

TITLE

D

☐ DELETE

NAME

GUERRA, ATTILIO

STREET ADDRESS

9949 NORTHWEST 89 AVE. BAYS 17 & 18

CITY - ST - ZIP

MEDLEY FL 33178

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Leg. Sec. Phone #

04-28-96 305-865 0244

CR2E034 (12/95)