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 # 1. Corporation Name

P95000090196 (3)

LEE EN LARDO TRANSPORTATION, INC.

LCC	MANDO INMOTONIAN	JN, INC.									
Principal Place	of Business	Mai'ing Addre	SS				a innaindi iin inini disti delit di	IESA WWINI WWA	IN INCHES OF THE PROPERTY OF	NAMED SERVE DESENDE	
922 ARDILLITA COURT WINTER SPRINGS FL 32708		922 ARDILLITA COURT WINTER SPRINGS FL 32708									
							3. Date Incorporated or Qualified 11/28/1995	3a . Da	ite of Last F	Report	
2. Principal Pla	ace of Business	2a. Mailing Ad	dress				4. FEI Number	1		Applied For	
21		26					59-3345/20	1		Not Applicable	
Suite, Apt. #		Suite, Apt.	Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution			ed to Fees	
Ζιρ 24	Country 25	Z _I p	├ ─¬	intry	,		8. This corporation has liability for	intangible	tax under s	: 199.032,	
24	9. Name and Address of Curre	29 nt Registered Agen	30	1		L	Florida Statutes Yes 10. Name and Address of New F	No	d Agent		
	o, italia para di dalla	Trogistered Agei		81	Name		TO. Hame and Address of New P	registeret	1 Agent		
FAJAR	DO, LIZETTE I			82							
	RDILLITA COURT					Address	(P.O. Box Number is Not Acceptat	ole)			
	R SPRINGS FL 32708			83				.			
******				L	<u> </u>						
				84	City			FI	85 Z	ip Code	
or registere familiar witi	o the provisions of Sections 607,050 ed agent or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change wa ition 607.0505, Florid	is authorized by the i a Statutes	corp	oration's t	oard of	f directors, I hereby accept the app	ointment a	nanging its is registered	registered office d agent. I am	
12.	Signature, typed or printed her elof registered ages	rautentappicate ID DIRLCTORS	(NOTE Registered	1 A ₄)+31	d signature res	quired whe		DATE	ICA PARAZ ZATZ	15 15 15 1 4 4	
THILE	PTD	D		Efi é	т		ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition D	
NAME	FAJARDO, LIZETTE	2,5	12 N						LJ Change	Maulitais	
STREET ADDRESS	922 ARDILLITA COURT				ADDRESS						
CITY-ST-ZIP	WINTER SPRINGS FL 3270)8			37 - ZIP						
TITLE	VSD				5 ZIF				☐ Change	Addition	
NAME	ALBORS, HECTOR		22 N								
STREET ADDRESS	922 ARDILLITA COURT		235	TREE1	ADDRESS						
CITY-ST-ZIP	WINTER SPRINGS FL 3270	18			S1 - ZIP						
TITLE		□ Di							Change	Addition	
NAME			32 N	AMÉ							
STREET ADDRESS			33 \$	THEET	T ADDRESS						
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TITLE		[] Di	ELETE 417	TLE					☐ Change	☐ Addition	
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NAME			52N	AME						Ī	
STREET ADDRESS			535	TREET	ADDRESS					ĺ	
CITY - ST - ZIP				TY-S	iT-ZIP						
TITLE		<u>□</u> D6	ELETE 6 1 T	ITLE					Change	Addition	
NAME			62 N	AME							
STREET ADDRESS			63.5	THEE!	ADDRESS						
CITY-ST-ZIP			640	IY-S	7 - Z-P						

14. To be depthy 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 it made under oath, that I are an officer or director of the conjugation or the receiver or trustee only owered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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