	ON OR BEFORE 8/7/96: \$225 (IF DISS	FLORIDA DEPART	MENT OF STATE		
	RPORATION (**)	Sandra B.			
	JAL REPORT	Secretary	of State		
1996 DIVISION OF CORPORATIONS					
OCU Corporatio	MENT # P9500	0091681 (3)			
MONAF	RCH TRANSPORTATION, IN	C.			DIG ANGER JEING NOGA ORFAN GAGOL FRAN GADE
Principal Place of Business Maiting Address					
5278 WHISPE ORLANDO FL		6278 WHISPERING WAY ORLANDO FL 32807			
				3. Date incorporated or Qualified 11/29/1995	3a. Date of Last Report
Principal P	lace of Business 50 HATOR BLUL	2a. Mailing Address 26 57 50 M	GOT Blud.	4. FEI Number 59-3347700	Applied For Not Applicable
Suite, Apt.	T	80ite Apt #, etc	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State 28 OLUNDO, F.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 328/	Country	Zip 6/10	Country	This corporation has liability for Florida Statutes	
J~1,	9. Name and Address of Currer			10. Name and Address of New Re	
	NCHEZ, LUIS E 78 WHISPERING WAY		81 Name 82 Street Addr	ress (P.O. Box Number is Not Acceptal	lola
	LANDO FL 32807		83	ess (r.o. box nomber is not Acceptai	ле)
	•		84 City		as Zw Codo
1. Pursuant	to the provisions of Sections 607,050	2 and 607 1508 Florida Statutes		oration submits this statement for the n	FL 85 Zip Code
office or r	egistered agent, or with, in the State	of Florida, Such change was au	harized by the corneration	oration apprints this statement for the b	the appointment as registered
agent La	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes	on's board of directors. Thereby accep	i /
		huis E. Sang	her 110:	oration submits this statement for the pon's board of directors. I hereby accept	6/30/96
IGNATURE	Signal Je, types or printed roll of hypotered ayo OFFICERS AN	huis E. Sang		S <	6/30/96
IGNATURE 2. TLE	Suprie re typica or printed and OFFICERS AN	nt and title if applicable (NOTE	Figure 13.	ed when romstating)	6/30/96
GNATURE LE ME	OFFICERS AN D SANCHEZ, LUIS E	int and site it applicable. (NOTE D DIRECTORS	Figure 12 Agent signature require 13. 11 TITLE 12 NAME	ed when romstating)	CERS AND DIRECTORS IN 12
GNATURE LE ME REET ADDRESS	OFFICERS AND D SANCHEZ, LUIS E 6278 WHISPERING WAY	int and site it applicable. (NOTE D DIRECTORS	negotiered Agent signature require 13. 11 TITLE 12 NAME 13 STREEF ADDRESS	ed when romstating)	CERS AND DIRECTORS IN 12
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SIGNATURE: SIGNATURE AND WED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLOS. 6/35/96 1407/658-4547