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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

P96000020481 (3)

DOCUMENT # P96000 D.A.C. WORLD TRANSPORT, INC. FILED
Apr 16 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					( INDICEDE IN TOUCH BOOK BEIN DUIN COUNT COUNTY OF SEA SOUR COUNTY OF SEA SOURCE COUNTY OF SEA SOURCE COUNTY				
· · · · · · · · · · · · · · · · · · ·									
8885 N.W. 25TH STREET Bay #5 Miami Fl 33122		BAY #5 MIAMI FL 33122	BAY #5			DO NOT WRITE IN THIS SPACE			
marini i C	55122	MINMI I E SOURE				3. Date Incorporated or Qualified 03/06/1996			
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	A	oplied For	
21		26	26			<b>65-0659218</b> Not Applic			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27	27			5. Certificate of Status Desired	Fee R	equired	
City & Sta	nte	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zφ	Country	Zip	<u>├</u>	ıntry		B. This corporation owes or has paid the current			
24	25	29	30			, , , , , , , , , , , , , , , , , , , ,		J No	
	9. Name and Address of Cur	rent Registered Agent		B1	Name	10. Name and Address of New Registered Ag	ent		
	ALI, NORMA			"	Name			ļ	
	6885 N.W. 25TH ST.			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	BAY 5				<u> </u>				
l	MIAMI FL 33122			63					
				84	City		<b>85</b> Zip	Code	
						PL :			
		and 607-1506, Florida State ate of Florida. Such change was ligations of, Section 607.0505, F	authorize Porida Sta	d by	the corporal	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin	ntment as	registered	
SIGNATURE	Signature typed or printed name of registered	agent and title if applicable (NC	)]{: Registers	d Age	ent signature requi	lred when reinstating) DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12	
TITLE	PSD	DELETE	1.1 T	ITLE			Change	☐ Addition	
NAME	ALIA, NORMA		1.2 N	AME					
STREET ADDRESS 6885 N.W. 25TH ST. BAY 5		′ 5	1.3 STF		ADDRESS				
CITY-ST-ZIP	MIAMI FL 3		1.4		ST - ZIP				
TITLE	☐ DELETE		21 T	ITLE			Change	Addition	
NAME			22						
STREET ADDRESS	; [		235	TAEET	ADDRESS				
CITY - ST - ZIP			2 4 0	DITY-S	ST-ZiP				
TITLE		DELETE	ELETE 3.1 TITLE		]	L	Change	Addition	
NAME	1		3.2 N	IAME					
STREET ADDRESS	3		3.3 S	TREET	ADDRESS				
CITY-S1-ZIP			3.4. (	CITY-	ST - ZIP				
TITLE		DELETE	4.1 T	ITLE			Change	Addition	
NAME			4.21	NAME					
STREET ADDRESS	s		4.3 S	TREET	ADDRESS				
CITY-SI-ZIP					ST-ZIP		<del></del>		
TITLE		☐ DELETE	5.1 T	ITLE		L	Change	Addition	
NAME			5.2 N	IAME					
STREET ADDRESS	s		5.3 9	TREET	ADDRESS				
CITY-ST-ZIP					ST - 21P		<b></b>		
TITLE		☐ DELETE	6.1 T	TITLE		L	Change	☐ Addition	
NAME			6.2	AME					
STREET ADDRESS	s		6.3 9	TREET	F ADDRESS				
City-St-Zip		<u> </u>	6.4 0	CITY - S	ST - ZIP				
14. I hereby	certify that the information supplies	d with this filing does not qualify	for the ex	emp	ition stated in	Section 119.07(3)(i), Florida Statutes. I further cert	fy that the	e information	

indicated on this annual report or suppliemental 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 on an algorithm with an address.

SIGNATURE:

ormable

H 8/98

CHZEU34 (10/9)