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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000023713 (6)

CONTINENTAL VAN LINES, INC.

FILED Jun 04 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	ailing Address			, 1621/891 fin susia neist abiit abist antit oosea tieba lifti (mant 1:400 fift tau
12864 BISCAY N. MIAMI FL S	NE BLVD., #251 13181	12864 BISCAYNE BLVD N. MIAMI FL 33181-2007	#251			
						3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1996
	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				(05-0666721 Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
	City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	28			Country		Trust Fund Contribution
Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199,032,
24	9. Name and Address of Current I	29 Registered Agent	30	!		Florida Statutes
A18		Jedistored Mailt		81	Name	10. Name and Address of New Augistered Agent
	iles, evelyn 84 Bi scayne Blvd., #251		L			
	MIAMI FL 33181		-	82	Street Add	lress (P.O. Box Number is Not Acceptable)
14. (AINMIN LE 20101		· [83		
				84	City	▶ 85 Zip Code
44 5	40.00.000	1007 1000 51 11 011				FL S L S C C C C C C C C C
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 Signature, typod or printed name of registered agent and title if applicable [NO It: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND I		13.	Age	il signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE			1.1 TITLE		☐ Change ☐ Addition
NAME	ADAR, TAL		1.2 NAI	ME)	
STREET ADDRESS	12864 BISCAYNE BLVD., #251		1.3 STR	REET :	ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33181	1		1.4 City - ST - ZiP		
TITLE		☐ DELETE 2.1				Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AD		ADDRESS	
CITY-ST-ZIP			2 4 CIT	2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	31 TITLE			Change Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			3.4. CI1	3.4. CITY - \$1 - ZIP		
TITLE		☐ DELETE 4:11		£	Ţ	Change Addition
NAME			4. 2 NA	ME		
. STREET ADDRESS			4.3 STR	EET,	ADDRESS	
CITY-ST-ZIP			4 4 CIT	Y- <u>S</u> 1	- ZIP	
TITLE		☐ DELETE	5.1 TITE	F		Change Addition
NAME			5.2 NAM	ИE		
STREET ADDRESS	5.		5.3 STR	EE1 /	ADDRESS	÷
CITY-ST-ZIP			5 4 CIT	Y-\$1	I-ZIP	
TITLE		☐ DELETE	6.1 TITE	. {		Change Addition
NAME			6.2 NAM	ИE		
STREET ADDRESS			6.3 STR	EE1 /	ADDRESS	
CITY-ST-ZIP			6 4 C(1)	Y-SI	- 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 logal 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 attachment with an address.

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