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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000031032 (1) DOCUMENT #
1. Corporation Name

DNN TRANSPORTATION INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									O MON NEDA
11052 S.W. 153RD COURT MIAMI FL 33196		11052 S.W. 153RD COURT MIAMI FL 33196			20 1107 1101	- 11.17/115	85465		
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						'			
2 Principal Pl	ace of Business	2a. Mailing Address				04/09/1996 4. FEI Number		- An	plied For
21	act of Eddinoss	26				65-0657482		h	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country Zip Cou			ntry		8. This corporation owes or has p			
24	[25]	29	30			Personal Property Tax due Jun 10. Name and Address of New R] No
	9. Name and Address of Curren	t Registered Agent		81	Name	10, Name and Address of New A	agistered	Wåaur	
	ZMAN, BERTHA								
	52 S.W. 153RD COURT		ŀ	82 Street Addr		ss (P.O. Box Number is Not Accepta	ble)		
MIA	MI FL 33196		83						
				84	City			85 Zip (Code
			ŀ		•		FL	• Î]
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, typed or printed harve of registered againt and title if approable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OF LICERS AND		13.	, do	ognatore require	ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TiT	LE				Change	Addition
NAME	G UZMAN, BERTHA		1.2 NA	ME					
STREET ADDRESS	11052 S.W. 153RD CT.		1.3 STI	REET AC	DDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CH		ZIP				
TITLE	VD	DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	D ELGADO, BERTHA Y		2.2 NA	MĚ					1
STREET ADDRESS	15770 S.W. 106TH TERR., #10	02	2.3 STI	REET AL	DORESS	• .	. •		
CITY-ST-ZIP	MIAMI FL 33196		2. 4 CI	TY-ST-	-ZIP				
TITLE	•	☐ DELETE	3.1 717					L Change	Addition
NAME			3.2 NA						
STREET ADDRESS					DORESS				
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		- ZIP			Change	Addition
TITLE		DELETE	4.1 TITLE 4. 2 NAME					FT CHAIRE	L ADDITION
NAME					DODGGG				
STREET ADDRESS			1		DORESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT	Y-\$T-	ZIP		-	Change	Addition
NAME		- Parit	5.2 NA						
STREET ADDRESS					DORESS				
CITY-ST-ZIP			•	Y-ST-					
TITLE		DELETE	6.1 717		<u> </u>			Change	Addition
NAME			6.2 NA					-	
STREET ADDRESS					DORESS				İ
CITY-ST-ZIP				Y-ST-					İ
44 Uharabira	matik the state in the state of	at and a figure of the second of the second				nation 110 07/2Vi) Florida Statutos	I further a	artification	information

I makey commy macro mormation supplies with this introduces not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental 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 of 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 attachnicity with an address.