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

CORPORATION ANNUAL REPORT

1997



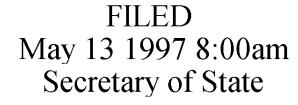
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033837 (1)

KARE TRANSPORTATION ENTERPRISE CORP.





Principal Place of Business		Mailing Address				
14469 S.W. 50 TER. MIAMI FL 33175		14469 S.W. 50 TER. MIAMI FL 33175-5039				
					3. Date Incorporated or Qualified 04/18/1996	3a, Date of Last Report
2. Principal Place of Business 21		28. Mailing Addres	28. Mailing Address		4. FEI Number 650-82	Applied For Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28	rificamento a cerca con con como esta con esta con esta con quanta esta central a con como con contral con com		Trust Fund Contribution	Added to Fees
Zφ			ntry	8. This corporation has liability for in		
24	25 25 Name and Address of Curr	[29]	30		Florida Statutes 10. Name and Address of New Reg	Yes No
MOI	RAL, ROBERTO A	ent negistered Agent		81 Name	10. Name and Address of New Neg	istered Agent
14469 S.W. 50 TER.						
	MI FL 33175			82 Street Ad	dress (P.O. Box Number is Not Acceptabl	e)
THIN'S	7 C CO 17 C			83		
				84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change	e was authorized	d by the corpor	rporation submits this statement for the pration's board of directors. I hereby accep	rposo o ^f changing its registered the appointment as registered
SIGNATURE Signature: typed or printed name of registered agent and talled applicative (NOT). Registered Agent signature required when resistance). DATE						
12.		AND DIRECTORS	1 18.		ADDITIONS/CHANGES TO OFFICE	
TITLE	DPST	DEC!	51E 33.10	rt T		Change Addition
NAME	MORAL, ROBERTO A		1.2 N/	MI.		· ·
STREET ADDRESS	14469 S.W. 50 TER.		1,3 \$1	REET ADDRESS		č
CITY-ST-ZIP	MIAMI FL 33175			TY-ST-ZIP		<u>.</u>
TITLE	DELETE 217		LF		Change Addition C	
NAME			2.2 N/			
STREET ADDRESS			•	REET ADDRESS		
CITY-ST-ZIP TITLE		DE C		TY-ST-ZIP		Change Addition
NAME		[] DEG	3.1 TE 3.1 TE 3.2 N/			Change Addition
STREET ADDRESS						
CITY-ST-ZIP				REE1 ADDRESS 1Y+S1+ZIP		
TITLE		DILE	the second contract of the second contract of			Change Addition
NAME			4.2 N			
STREET ADORESS				REET ADDRESS		
CITY-ST-ZIP				IY-ST-ZIP		
TITLE		DELE				Change Addition
NAME			5.2 N/	IMI.		
STREET ADDRESS			5.3 ST	REL1 ADDRESS		
CITY-ST-ZIP			5.4 CI	IY-S1-ZIP		
TITLE		DEL t				Change Addition
NAME			6.2 NA	м		
STREET ADDRESS			6.3 S1	HEET ADDRESS		
CITY-ST-ZIP		CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF	6.4 CF	IY-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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block/13 if plyinged, or on an attachment with an address.