

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 26 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042347 (0)

1. Corporation Name

ALL STAR TRANSPORT SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 18439 PINES BLVD., SUITE 312 PEMBROKE PINES FL 33029		Mailing Address 18439 PINES BLVD., SUITE 312 PEMBROKE PINES FL 33029	
2. Principal Place of Business 21 18459 Pines Blvd Suite, Apt. #, etc. 22 Suite 312 City & State 23 Pembroke Pines, FL Zip 24 33029		2a. Mailing Address 25 18459 Pines Blvd Suite, Apt. #, etc. 27 Suite 312 City & State 28 Pembroke Pines FL Zip 29 33029	
3. Date Incorporated or Qualified 05/10/1996		3a. Date of Last Report	
4. FEI Number 65-0700028		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent VELEZ, LUIS 18439 PINES BLVD., SUITE 312 PEMBROKE PINES FL 33029		10. Name and Address of New Registered Agent 81 Name Giselle Bombardiere Velcz 82 Street Address (P.O. Box Number is Not Acceptable) 18459 Pines Blvd, Suite 312 83 84 City Pembroke Pines FL 85 Zip Code 33029	
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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

Giselle Bombardiere Velcz

Giselle Bombardiere Velcz

9-17-97

Signature, typed or printed name of registered agent and title if applicable

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME President STREET ADDRESS Giselle Bombardiere Velcz CITY-ST-ZIP 18459 Pines Blvd Suite 312 Pembroke Pines, FL 33029		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 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.

SIGNATURE:

Giselle Bombardiere Velcz

9-17-97 (950) 929-1000

CR2E034 (4/97)