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

FILED Apr 21 1998 8:00am Secretary of State

	MENT # P960 TRANSPORT & DISTRIBUT)		I
Principal Plac	e of Business	Mailing Address		(654/00) (60)0) 10/10 0/11 10/11 10/11 10/11	DI BIKBA 14461 INDKI NBAKA 1484 INDK
320 NW 63	RD AVE	320 NW 63RD AVE		}	
MIAMI FL 3	3126	MIAMI FL 33126		DO NOT WRITE IN TH	IC CDACE
				3. Date Incorporated or Qualified	10 SPACE
				06/20/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0674384	Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5 , 65, 100, 010, 010, 010, 010, 010, 010, 01	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid the Personal Property Tax due June 30.	Current year intangible
24	9. Name and Address of Curr		[30]	10. Name and Address of New Registers	
	ONESA, EMILIO		81 Name	Euilin & Contact	<u> </u>
320 NW 63RD AVE MIAMI FL 33126			82 Street Add	FM1/10,5, CONESA Iress (P.O. Box Number is Not Acceptable)	<u></u>
			220	NW8TAVE#K	201
			83 11/2	1 44 1	1 22/22
			84 Čity		. 85 Zip Code
				F	L
office or i agent 1 a SIGNATURE	im familiar with, and accept the obl	igations of, Section 607.0505, Fi	orida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	
12.	Signature, typed or printed name of registered the OFFICERS A	NO DIRECTORS	E: Registered Agent signature required. 13.	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	·
TITLE	D	DELETE	1.1 TITLE	, 100 HONO, 01 WINGLO TO 01 FIGURE 1	☐ Change ☐ Addition
NAME	CONESA, EMILIO		1.2 NAME		-
STREET ADDRESS	320 NW 63RD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CHTY - ST - ZIP		
THLE	D	DELETE	2.1 TITLE		Change Addition
NAME	CONESA, ISABEL		2.2 NAME		
STREET ADDRESS	320 NW 63RD AVE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		The section	3 4. CITY-ST-ZIP		[] Alanania
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			52 NAME		Company of the Compan
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		i
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		—	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 arrival 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:

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