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

DOCUMENT # P96000063096 (7)

J. ALBORS TRANSPORTATION, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Add	Mailing Address			r ranginadi siid antia desiit antit antit deite deite deite fillit parit	r reasonit our ancie drivi about about about divid ditte rive 39/10 10/10 07/11 100/		
30 PARKVIEW		30 PARKVI	30 PARKVIEW LANE						
ORMOND BEACH FL 32174		ORMOND I	BEACH FL 32174	ļ					
						DO NOT WRITE IN THIS SPACE	 .		
						3. Date incorporated or Qualified 07/26/1996			
2. Principal P	ace of Business	2a. Mailing	Address				applied For		
21		26					lot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			60.75	Additional		
22		27	27			I & Centicate of Status Desired I I :	Required		
City & State	9		City & State			6. Election Campaign Financing \$5.00	May Be		
23	28					40.00	to Fees		
Zip	Country	Zφ		Counti	'y	8. This corporation owes or has paid the current year li	ntangible		
24	25	29	3	0			□No		
	9. Name and Address of Curr	ent Registered Ag	ent			10. Name and Address of New Registered Agent			
	BORS, JACOBO			8	l Nam	ame			
30 PARKVIEW LANE			8:	2 Stree	reel Address (P.O. Box Number is Not Acceptable)				
OR	MOND BEACH FL 32174			L					
				8	3				
				84	1 City	y 85 Zip	Code		
						` FL `` - '			
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, I	Florida Statutes	the abo	ve-name	ned corporation submits this statement for the purpose of changing corporation's board of directors. I hereby accept the appointment a	its registered		
agent. I as	n familiar with, and accept the obl	igations of, Section	607.0505, Florid	da Statute	es.	corporation's board of directors, i hereby accept the appointment a	s registered		
SIGNATURE									
	Signature, typed or printed name of registered a		(NOTE F		gent signati	nature required when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
NAME	ALBORS, JACOBO	L	DETELE	1.1 TITLE		Change	Addition		
	30 PARKVIEW LANE			1.2 NAME			ľ		
STREET ADDRESS	ORMOND BEACH FL 32174	1			T ADDRESS	ESS			
CITY-ST-ZIP TITLE	VSD		DELÉTE	1.4 CITY -	ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NAME	MOREIRA, ELIZABETH	L	J DECEIL	2.1 TITLE		Change	Addition		
STREET ADDRESS	30 PARKVIEW LANE			2.2 NAME					
	ORMOND BEACH FL 32174	l			T ADDRESS				
CITY-ST-ZIP TITLE	Granding Denomine Gent	···	DELETE	2.4 CITY	·S1-ZIP		Addition		
NAME		L		3.1 TITLE		Change	Addition		
STREET ADDRESS				3.2 NAME					
					T ADDRESS				
CITY-ST-ZIP TITLE	·		DELETE	3.4. CITY -	51-ZIP	Change	Addition		
NAME		_		4. 1 HILE	:	L-1 Change	x00((i0i)		
STREET ADDRESS					: 1 address	TOP .			
CITY-ST-ZIP			i			100			
TITLE			DELETE	4.4 CITY - 5.1 TITLE	51-ZIP	Change	Addition		
NAME		_		5.2 NAME		Change	LT VOIDOU		
STREET ADDRESS					T ADDRESS	227			
CITY-ST-ZIP				5.4 CITY-					
TITLE			DELETE	6.1 TITLE	31 · LIP	Change	☐ Addition		
NAME		L		6.2 NAME		Change	☐ ∧oution		
STREET ADDRESS					T ANDORSO	ece			
CITY-ST-ZIP			•		t address	500			
OILL-91-71L				64 CITY-	21 - 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.