CORPORATION	FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00			FILED		
		DEPARTMENT OF STATE	Apr 28 1	997 8:0	00am	
ANNUAL REPORT	NSC 277	Secretary of State	Secret	arv of St	tate	
1997	Divisio	ON OF CORPORATIONS	Secretary of State			
DOCUMENT # P96 AA-ALL- AMERICAN TRANSP	000073415 ((7)				
Principal Place of Business 878 N.E. 160 TERRACE	Mailing Address 878 N.E. 160 TERR	ACE	T DUDIJUMI BIÐ FULFU UPPRA UDIRT VUTTI U	NI LA MANIN AMMAN LASIS ATRUS TIMO	I MILI EUUI	
NORTH MIAMI BEACH FL 33162-4438	NORTH MIAMI BEA					
			3. Date Incorporated or Qualified	3a. Date of Last R	eport	
2. Principal Place of Business	2a. Mailing Addres	58	4. FEL Number		plied For	
1 Suite, Apt #, etc	26 Suite, Apt. #, 6	PIC.	59-2814790	/ 075	t Applicable	
2	27		5. Certificate of Status Desired	A 50.75 /		
City & State 3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00		
Zip Country . 4 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under s. Yes Ves	199.032,	
9, Name and Address (29] of Current Registered Agent		10, Name and Address of New			
SCHLOSSBERG, JEROME		81 Name	· · · · · · · · · · · · · · · · · · ·			
878 N.E. 160 TERRACE NORTH MIAMI BEACH FL 33	3162-4438	82 Street A	ddress (P.O. Box Number is Not Accept	able)		
		83				
		84 City	<u>, , , , , , , , , , , , , , , , , , , </u>	FL 85 Zip (Code	
 Pursuant to the provisions of Sections office or registered agent, or both, in agent 1 and familiar with, and accopt SIGNATURE Support typede printed rank of re 	the State of Florida. Such chang the obligations of, Section 607 0	e was authorized by the coror	pration's board of directors. I hereby acc	ept the appointment as	registered	
12. OFFIC	CERS AND DIRECTORS	13. ETE 1.1 TITLE	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	S IN 12	
NAME SCHLOSSBERG, JERO		1.2 NAME	• - i			
STREET ADDRESS 878 N.E. 160 TERRAC		1.3 STREET ADDRESS	,		Addition	
CITY ST-ZIP NOKTH MIAMI BEACH		1.4 CITY-ST-ZIP ETE 2.1 TITLE	<u></u>	🗋 Change	Addition	
NAME		2.2 NAME				
STREET ADORESS CITY: ST-ZIP		2.3 STREET ADDRESS 2.4 City - St - ZiP				
TILLE	DEL			Change	Addition	
NAME STREET ADORESS		3 2 NAME 3 3 STREET ADDRESS				
		3 4. CiTY+ ST- ZIP	······	Change	Addition	
DALE		ETE 4.1 TITLE . 4. 2 NAME		L. Unanye		
STREET ADDRESS.		4.3 STREET ADDRESS				
CITY - ST - ZIP TITLE	D DEL	4.4 CITY-ST-ZIP ETE 5.1 TITLE	······	Change	Addition	
MAME	••••	5.2 NAME			_	
STREET ADDRESS		5.3 STREET ADDRESS				
	L DEL	5.4 CitY-ST-ZIP ETE 6.1 TITLE		Change	Addition	
<u>C(1Y+S1+Z)P</u>		6.2 NAME				
STREE AUDRESS CITY - ST - ZP TELF NAME						
C-TY-ST-ZP TITLE NAME STREET ADORESS		6.3 STREET ADDRESS				
City-St-ZP TELF NAME SINCETADORESS City-St-ZP 14. I do hereby certily that the information	n supplied with this filing does in	6.4 CITY-ST-ZIP ot qualify for the exemption sta	ated in Section 119.07(3)(i), Florida Statu	tes I further certify that	the der path: that	
C-IY-SI-ZP IFUE NAME SHEELADORESS GIY-SI-ZP 14. I do hereby certily that the information information indicated on this annual n	eport or supplemental annual report or trustee	6.4 CITY - ST- ZIP ot qualify for the exemption sta port is true and accurate and f empowered to execute this to	ated in Section 119.07(3)(I), Florida Statu that my signature shall have the same le port as required by Chapter 607, Florida	gal effect as if made un	der oath; that	