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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081577 (4)

ALL FLORIDA TRANSPORTATION INC.

Principal Place of Business Mailing Address 12535 BISCAYNE BOULEVARD 12555 BISCAYNE BOULEVARD SHITTE 489 SLITE: 409 NORTH MIAMI-FL 93181-2522 NORTH MIAMI FL 33181 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 5A Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REED. ALEX 12555 BISCAYNE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 489 83 **NORTH MIAMI FL 33181** 84 City Zip Code 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 Signature: typod or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 96/6) DELETE Change Addition PD TITLE 1.1 TITLE REED, ALEX 1.2 NAME NAME 12555 BISCAYNE BOULEVARD, SUITE 489 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33181 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHTY - ST - 719 Change Addition DELETE 31 TITLE THLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADURESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME. 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST 7IP 5.4 City-ST-ZIP DELETE Addition 6.1 TITLE TILLE NAME 6.2 NAME STREET ANDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZP 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), Floride 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 op an attachment with an address.

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