FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081862 (0)

BELTRE TRANSPORTATION INC.

FILED Feb 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 955 WEST LANCASTER ROAD #230 955 WEST LANCASTER ROAD #230 ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1996 2, Principal Place of Business 2a, Mailing Address Applied For 59-3403977 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 Beltre, Jeudy R 4603 OAK HAVEN DRIVE APT. 106 Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32839 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of change office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required wherere-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE 1.1 TITLE D BELTRE, JEUDY R 1.2 NAME NAME BELTRE, JEUDY R. 4603 OAK HAVEN DRIVE APT. 106 1.3 STREET ADDRESS STREET ADDRESS 2025 Rivertree Cir. Apt. 205 ORLANDO FL 32839 1.4 CITY - ST - ZIP CITY-ST-ZIP Orlando Fl 32839 Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME 3.3 STHEET ADDRESS STREET ADDRESS 3 4. CiTY - ST - ZiP CITY - ST - ZIP Addition DELETE ☐ Change TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY-ST-ZIP DELETE ☐ Change Addition 51 THILE TITLE 5.2 NAME MALIF 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP Addition Change TITLE DELLE 6 1 TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 64 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 supplied entail 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 altachment with an address.

NEUDY R. Bolline