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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089182 (5)

1. Corporation Name

NEW SYSTEM TRANSPORT, INC.



Principal Place of Business

**14260 SW 101 STREET
MIAMI/FL 33186**

Mailing Address

**14260 SW 101 STREET
MIAMI FL 33186-6963**

2. Principal Place of Business

21 14260 SW 101 St

Suite, Apt. #, etc.

**22 City & State
MIAMI Florida**

**23 Zip Country
33186 Dade**

24 33186 25 Dade

2a. Mailing Address

26 14260 SW 101 St

Suite, Apt. #, etc.

**27 City & State
MIAMI FL**

**28 Zip Country
33186 Dade**

29 33186 30 Dade

3. Date Incorporated or Qualified

10/30/1996

3a. Date of Last Report

4. FEI Number

65-070-6922

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS
14260 SW 101 STREET
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **ZAPPATERRA, ANDREA**
STREET ADDRESS **12005 SW 189 ST.**
CITY - ST - ZIP **MIAMI FL 33177**

TITLE **DVT** ☐ DELETE
NAME **SANCHEZ, CARLOS**
STREET ADDRESS **14260 SW 101 STREET**
CITY - ST - ZIP **MIAMI FL 33186**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER** ☐ Change ☒ Addition
1.2 NAME **CLAUDIO A. MUÑOZ**
1.3 STREET ADDRESS **27 SW 11 St**
1.4 CITY - ST - ZIP **MIAMI FL 33130**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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), 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 oath; that I am an officer or director of the corporation; 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: **ANDREA ZAPPATERRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

387-5700

CR2E034 (9/96)