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Mailing Address
2839 VILLAGE GREEN DRIVE

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093875 (8)

J.M.C. TRANSPORT, INC.

Information indicated on this annual report Lam an officer or director of the corporation

appears in Block 12 or Bl

SIGNATURE》

Principa' Place of Business

2839 VILLAGE GREEN DRIVE

MIAMI FL 33175-2355 MIAMI FL 33175 3a. Date of Last Report 3. Date Incorporated or Qualified 11/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 14 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CABRERA, JOSE 2839 VILLAGE GREEN DRIVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 84 City 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or peem a name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) ■ DELETE ☐ Change 1.1LE 1.1 TITLE CABRERA, JOSE NAME 1.2 NAME 2839 VILLAGE GREEN DRIVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** 14 CITY -ST-ZIP CITY-ST-2IF DELETE ☐ Change Addition TITLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP City - S* - Ziff DELETE Change Addition TITLE 3.1 TiTLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHTY+ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition THILE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP CHTY - ST - ZIP DELETE Addition 6 I TITLE T'TLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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

Deport or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that peralten or the occiver of tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

OSE CABRETA President 1/6/96