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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000096934 (0)

CAROLINA TANSPORTATION, INC.

Principal Plac		PURIATION, INC.	Mailing Address								
2575 COLLINS	AVENUE		2575 COLLINS AVENUE								
G-10	P1 44440		C-10								
MIAMI BEACH	rt 33140		MIAMI BEACH FL 33140-4720			3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1996					
2. Principal P	Place of Busi	ness	2a. Mailing Address				4. FEI Number		X At	oplied For	
21			26						No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
22			27				G. Coranolio di cidigo Dodino		Fee Re	guired	
City & Stat	l <del>o</del>		City & State				6. Election Campaign Financing			May Be	
Zip Country			Zip Country				Trust Fund Contribution	<u></u>		to Fees	
		<u></u> 1	<del>-</del>	<b>⊢</b>	Quility			This corporation has liability for in	rtangible ta Yes 🏋		. 199.032,
24	o Name	25 and Address of Curre	29 ant Registered Agent	30				Florida Statutes  10. Name and Address of New Reg			
OI HI	NONES, MA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		81	Nam	e	io.	,	<u> </u>	
	5 COLLINS				82						
C-10		MACIAOC					et Addre	ss (P.O. Box Number is Not Acceptable	e)		
	MI BEACH	Et 99140			83					•	
incu	MI DENVII	I'L 00140									
					84	City			FL	<b>85</b> Zip i	Code
11. Pursuant office or ragent. I a	to the provis registered ag am familiar w	sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblig	02 and 607.1508, Flori e of Florida. Such char gations of, Section 607	da Statutes, the ige was authori 0505, Florida S	abovo zed by tatutes	the c	ed corpo orporatio	ration submits this statement for the punis board of directors. I horeby accep		changing it intment as	s registered registered
SIGNATURE		·									
40	Signature, typed	or printed have of registered as	gent and title if appticable ND DIRECTORS			nt signar	dre required	when reinstating)	DATE	DIDECTOR	30 IAL 40
<b>12.</b> TITLE	PD	OFFICERS AF			13. 11 THLE			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME		MBROSIO			1.2 NAME					onunge	1,00,000
STREET ADDRESS 2575 COLUNS AVENUE C-10						1.3 STREET ADDRESS					
CITY-ST-ZIP		ACH FL 33140		1	4 CITY-S		°				
TITLE	VD	210/11/2 00/140	D		TITLE	1.50			Т	Change	Addition
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CITY-ST-ZIP		ACH FL 33140	1		2 4 City-St-ZiP		<b>'</b> }		,		
TITLE			Di		I TITLE	Z1 L11	- <del> </del> -			Change	Addition
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STREET ADDRESS	]			1	3 STREET	ADORES	s				
CITY-ST-ZIP					CHY-S						
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NAME				6.3	NAME						
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CITY-ST-ZIP	1.5			<b>1</b> 6.	4 CITY - S	I-21P	1				

14. Ido 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 corp tration or the receiver or trustee englowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in on an attachment with a data as