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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000099317 (5)

R & R TRANSPORT ENTERPRISE, INC. Mailing Address Principal Prace of Business 9028 N.W. 68TH STREET 8028 N.W. 68TH STREET MIAMI FL 33166 MIAMI FL 33166-2781 3. Date incorporated or Qualified Sa. Date of Last Report 12/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Z(p)Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B1** Name JIMENEZ, ADOLFO 8028 N.W. 68TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 85 Zip Code 84 City 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. Lem familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgmature, type tign printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Addition THE □ DELETE 1.1 TITLE Change JIMENEZ, ADOLOFO 1.2 NAME NAME 1023 S.W. 128TH AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33184 CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TILLE SOCARRAS, YOLANDA 2.2 NAME NAME 1023 S.W. 128TH AVE STREET ADDRESS 23 STREET ADDRESS **MIAM! FL 33184** 2. 4 CITY - ST - ZIP CHY-ST-ZIP Change Addition DELETE 1171.6 3.1 TITLE NAM: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP 017Y - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CHY-ST-7P 400002139904hange -04/10/97--01101--022 DELETE Addition 61 TITLE TITLE NAME 6.2 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 he 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 sath; 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

SIGNATURE:

CITY-ST-ZP

Daylime Prione # 0004296

FILED

Apr 10 1997 8:00am

Secretary of State