

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100206 (7)

1. Corporation Name

U.S. CAVALRY TRANSPORT INC.

Phone # 305-640-3077

Principal Place of Business

7790 WEST 6TH AVENUE
HIALEAH FL 33014

Mailing Address

7790 WEST 6TH AVENUE
HIALEAH FL 33014

98 AUG 27 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1996	3a. Date of Last Report 12/11/1996
4. FEI Number	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 owes or has paid the current year intangible Personal Property Tax due June 30.	Yes No
10. Name and Address of New Registered Agent	

2. Principal Place of Business

21 8782 NW 141 Terr

Suite, Apt. #, etc.

22

City & State

23 miami, Fl.

Zip

24 33018

Country

25 Dade

2a. Mailing Address

26 P.O. Box 126246

Suite, Apt. #, etc.

27

City & State

28 Hialeah, Fl.

Zip

29 33012

Country

30 Dade

9. Name and Address of Current Registered Agent

VALDES, DAVID
7790 WEST 6TH AVENUE
HIALEAH FL 33014

8782 NW 141 Terr
miami, Fl. 33018

81 Name

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

83

84 City

000002627880-4

-09/28/98-010674-008

****300.00 ****300.00

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

(OFF. Registered Agent signature required when reinstating)

DATE

8-19-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD VALDES, DAVID

STREET ADDRESS 7790 WEST 6TH AVENUE 8782 NW 141 Terr

CITY-ST-ZIP HIALEAH FL 33014 miami, Fl. 33018

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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 attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

8-19-98 305-640-3077

CR2E034 (4/97)