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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90286 043 ***150.00

DOCUMENT # 1. Corporation Name

LAPULA	PU TRANSPORTATION, INC	•								
Principal Place of Business Mailing Address		Mailing Address				11001120711011011				
1720 CLEVELAND STREET 2668 NW 99TH AVE #211W CORAL SPRINGS FL 33065 HOLLYWOOD FL 33020 US						DO NOT WRITE IN THIS SPACE				
						 Date Incorporated of 02/07/1997 	or Qualifed	i		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65-0737837		_`	<u> </u>	blied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status	Desired		\$8.75 A Fee Re	II	
City & State		City & State			6. Election Campaign Trust Fund Contribu			\$5.00 Added to	. ,	
Zip				8. This corporation owes the current year Intangible Personal Property Tax.				∐No		
24	9. Name and Address of Current		3 1		I	10. Name and Addres		Registered	Agent	=
	g. Hame and Address of Oditer		8	I Name		10.	<u> </u>			
SCHUTZE, PETER E 1720 CLEVELAND STREET				2 Street	Addres	s (P.O. Box Number is I	Not Accep	table)	_	_
#211W			8:	3					_	
HOLLYWOOD FL 33020										
				4 City				Fl	85 Zip C	
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)						hen reinstating)		DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANG	ES TO O	FFICERS A	ND DIRECTO	RS.IN 12
TITLE	D/P/C/M	☐ DELETE	1.1 TITLE		V/T				☐ Change	Addition
NAME	SCHUTZE, PETER E		1.2 NAME		Che	ryl A. Schütz	e			
STREET ADDRESS	·		1.3 STRE	ET ADORESS	266	8 NW 99th Ave				}
CITY-ST-ZIP			1.4 CITY-	ST-ZIF	Cor	al Springs,	FL	330	65	
TITLE	VP	™ DELETE	2.1 TITLE					,	☐ Change	☐ Addition
NAME	BANDRICH, RICARDO	·	2.2 NAME							
STREET ADDRESS	ALTERNATION AND CHARLES			ET ADDRESS	1					
CITY-ST-ZIP	COSTA RICA S.		2. 4 CITY-	ST-ZIP						
TITLE	ST	⊠ DÉLETE	3.1 TITLE				,		☐ Change	☐ Addition
NAME	FARMER, DAN		3.2 NAME							
STREET ADDRESS	1933 PEMBROKE RD		3.3 STRE	ET ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE						Change	Addition (
NAME			4. 2 NAM	=						
STREET ADDRESS		'	4.3 STRE	ET ADDRESS	-					1
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME .	2000, 300		5.2 NAME							
STREET ADDRESS	1		5.3 STRE	ET ADDRESS	1)

14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

机图 部計畫

CITY-ST-ZIP **

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

796-8775

☐ Change

☐ Addition