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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

•	TART TRANSPORT, IN		(9)			
Principal Place of	Business	Mailing Addres	s			
3560 NW 34 ST.		3560 NW 34 S	Г.			
			AMI FL 33142			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal Place	of Rusiness	2a. Mailing Add	1088			03/24/1997 4. FEI Number Applied For
2. Trinopar Flace of Business		26				65-673798Z Not Applicable
Suite, Apt. #, et	lc.	Suite, Apt. #	etc.			SR 75 Additional
2		27				5. Certificate of Status Desired Fee Regulred
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
3		28	26			Trust Fund Contribution
Zip	Country	Zip		Countr	У	8. This corporation owes or has paid the current year Intangible
4	25	29	30			Personal Property Tax due June 30. Yes No
	, Name and Address of Cur	rent Registered Agent		-	a	10. Name and Address of New Registered Agent
	NORA O			81	I Name	•
				Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI	FL 33182			-	,	
				83	'[
				84	City	FL 85 Zip Code
SIGNATURE	miliar with, and accept the ob-					re required when reinstating) DATE
12.	OF LICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		□ D	ELETE	L1 TITLE		President Change Waddition
NAME				.2 NAME		NOW O. CEUZ 663 NW 128 PL
STREET ADDRESS			į.	.3 STREE	T ADDRESS	663 NW 128 PL
CITY-ST-ZIP				4 CITY	ST-ZIP	MIAMI FL 33/82
TITLE		□ 0	ELETE	1 TITLE		V. Pres. Change L'Addition
NAME				.2 NAME		Jorge L. SUAREZ
STREET ADDRESS					1 ADDRESS	13835 SW 4 TERR.
CITY-ST-ZIP				. 4 CITY	\$1-ZIP	MIANI, FL 33184
TITLE		□ D	1	I.1 TITLE		Change Addition
NAME				.2 NAME		
STREET ADDRESS			L		1 ADDRESS	
CITY-ST-ZIP		Пъ		4 CITY		Change Addition
TITLE		ں ب		I TITLE		L Change L Adonton
NAME CTREET ADDRESS			1	. 2 NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP TITLE		i n		.4 CITY - I		Change Addition
1		[] U				Li cuarde (1 voornor
NAME Street address				.2 NAME		
			-			
CITY-ST-ZIP				.4 CITY-1	T ADDRESS	

14. Thereby certify that the information supplied with this filing cloes 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 trusted or provide this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, of or artiful appears in a supplement with a lightly less.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

Addition

FILED

May 06 1998 8:00am

Secretary of State