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 # P97000027004 (5)

G.R.G. TRANSPORT, INC.

Principal Place of Business Mailing Address					iji i jali dali l balil bidi ibdi
8201 N.W. 66TH STREET 8201 N.W. 66TH STREET					
SUITE 7		SUITE 7		DO NOT WRITE IN THIS SPACE	
MIAMI FL 33166 MIAMI F		MIAMI FL 33166		3. Date Incorporated or Qualified	
ł				03/21/1997	
2. Principal F	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21		26		65-0743373	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the cur	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
FERNANDEZ, CRISTINA P. 81 Name				Pins Gabriel	
			82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL-33185			83	8201 NW 66 STREET	
			93		
,			84 City	Miami FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of	- <u>ライ/ん</u> C f changing its registered
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 required when reinstating) DATE					
SIGNATURE	Signature, typed or printed name of registered as		Registered Agent signature	required when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD CARRIE	☐ DELETE	1.1 TITLE		Change Addition
NAME	RIOS, GABRIEL		1.2 NAME		
STREET ADDRESS	10178 N.W. 41ST STREET MIAMI FL 33178		1.3 STREET ADDRESS		
CITY-ST-ZIP	TD	DELETE	1.4 C/TY - ST - Z/P 2.1 T/TLE		Change Addition
NAME	AGUILERA, ENZO R	octors	2.2 NAME		CA CHOIGO CA MONION
STREET ADDRESS	10288 N.W. 9TH ST CIR., #	30 6 -	2.3 STREET ADDRESS	9800 NW 28 Terrace	
CITY-ST-ZIP	MIAMI FL 33172	•	2.4 CITY-ST-7#P	Hiami F1. 73172	ļ
TITLE	SD SD	☐ DELETE	3.1 TITLE		Change Addition
NAME	Green, Joseph		3.2 NAME	- -	1
STREET ADDRESS	10700 S.W. 87TH AVENUE		3.3 STREET ADDRESS	7993 SW 195 Tenuk	j
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY-ST-ZIP	HIAM! F1. 33157	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		J
CITY-ST-ZIP		DELETE	4.4 CiTy - ST - ZiP		Change Addition
TITLE		₩ perese	5.1 TITLE		m cualda m vandada
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ļ
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST. 7ID			6.4 CITY CT 7ID		

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 eath; 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:

Gabriel Ri

1-9-97 (305) 436-938-

FILED

Feb 09 1998 8:00am

Secretary of State