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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPÁRTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000038602 (3)

BARAHONA CREW TRANSPORTATION SERVICE INC.

FILED Jul 10 1998 8:00am Secretary of State

\mathcal{B}_{c}	arahona Trans	portation + Ca	en Senias	
Principal Place of Business Mailing Address 2330 N.E. 4 AVE 2330 N.E. 4 AVE				
MIAMI FL 33137 MIAMI FL 33137				<u> </u>
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 04/30/1997
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 575	5 NE 29 ST	26 695 N.L	5 50 PT	65-0752915 Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & Stat	<u>60 </u>	27 # 56 City & State		Fee Required
23 Mi	umi F1.	28 Miami	FZ.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
2ip 33	137 Country 5 A	29 33/37 3	Country O.S.A	8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No
the state of the s				10. Name and Address of New Registered Agent
BARAHONA, REINA M 81 Name				
962 N.W. 8TH STREET ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
Mi	AMI_FL 33136		83	
			84 City	FL 85 Zip Code
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. Large templiar with, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE Signature, by discharing name of registered agent and title diagnocable (NOTE: Registered Agent signature required when reinstating) DATE				
12.	Statement type doctrimined name of registered ager OFFICERS AND		13.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELET e	1.1 TITLE	Change Addition
NAME	B ARAHONA, JOSE		1.2 NAME	
STREET ADDRESS	926 NW 8 ST RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	DELETE	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME	VD Barahona, reina	L. DELETE	2.1 TITLE 2.2 NAME	Crange Addition
STREET ADDRESS	926 NW 8 ST RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MAMI FL 33137		2.4 CITY-ST-ZIP	
TiTLE	0	DEFELE	3.1 TITLE	Change Addition
NAME	MALDONADO, JORGE		3.2 NAME	
STREET ADDRESS	\$AN PEDRO SULA HONDURAS		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	HONDONAS	DELFTE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME			4.2 NAME	,
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME	•		5.2 NAME	600002586236 -07/13/3801043027
STREET ADDRESS			5.3 STREET ADDRESS	***150,00 c
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE	Change Addition
NAME		_	6.2 NAME	1/1/0
STREET ADDRESS			6.3 STREET ADDRESS	1.

14. Thereby 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.