FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90140 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS

1 34 1



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1, Corporation	NT TRANSPORTATION SEI							
Principal Place	of Rusiness	Mailing Address			<u> </u>	IOOH OOHII OOHII OOHII COHII	AIBII EIBII AIBIB I	
10885 PERRY DRIVE 10885 PERRY DRIVE MIAMI FL 33176 MIAMI FL 33176							•	
						NOT WRITE IN THIS	SPACE	
		•			3. Date Incorporated	or Qualifed		
					05/20/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number			plied For
21		26			65-0754248			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired	\$8.75 A Fee Red	I
22	<u> </u>	City & State			Fig. 10 - Communication			
City & State	e	— ·			 Election Campaign Trust Fund Contrib 	- 1	\$5.00 t Added to	
23 Zip	Country	28	Country		8. This corporation ov			
	25	29 30	¬ ´		Personal Property	-		□No.
24	9. Name and Address of Curre		<u>'l</u>		10. Name and Addres			
	g. realite and readings of ourie	The state of the s	81	Name	10.			
BLOUNT, ADRIENNE								
10885 PERRY DRIVE				Street Ad	dress (P.O. Box Number is	Not Acceptable)		;
MIAMI FL 33176								
_								
·				City		FL	85 Zip C	F
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	a Statutes	i. 	rporation submits this staten tion's board of directors. I had a like the staten ired when reinstating)	nent for the purpose of the appointment for the purpose of the appointment of the appointment of the purpose of the appointment	f changing its intment as reg	registered gistered
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANG	SES TO OFFICERS A		
TMLE	D	☐ DELETE 1.1 T					Change	Addition
NAME	BLOUNT, ADRIENNE		1.2 NAME		•			ļ
STREET ADDRESS			1.3 STREE	T ADDRESS				\$
CITY+ST-ZIP			1.4 CITY-S	ST-ZIP				
TITLE			2.1 TITLE				☐ Change	Addition
NAME	BLOUNT, ALBERT		2.2 NAME	1				\
STREET ADDRESS	10885 PERRY DRIVE		2.3 STREE	T ADDRESS				ĺ
CITY-ST-ZIP	- MIAMI FL 33176 -	<u>.</u>	2. 4 CITY-	ST-ZIP -		سع معودم بعياني الم	ــ سچ.	·
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	~		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	. •		3.4. CITY-5	ST-ZiP				
TITLE		☐ DELETE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME	4 7		4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	•		5.2 NAME	İ				
STREET ADDRESS			5.3 STREE	T ADDRESS				ľ
CITY OT ZID	•		5.4 CITY-S	ST-ZIP				

CITY-ST-ZIP -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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

☐ Change

Addition