


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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000850300**
1. Corporation Name
Greater Miami Transport, Inc.

Principal Place of Business Mailing Address
10685 S.W. 88th Street Miami, Florida 33176 **10685 S.W. 88th Street Miami, Florida 33176**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
6/6/97

2. Principal Place of Business 2a. Mailing Address
21 **2122 S.W. 67 Avenue** 26 **2122 S.W. 67 Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33155** 25 **U.S.A.** 29 **33155** 30 **U.S.A.**

4. FEI Number **65-0799545** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Raymond R. Beitra, Esq.
407 Lincoln Road
Suite #8-G
Miami Beach, Florida 33139

10. Name and Address of New Registered Agent
81 Name **Raymond R. Beitra, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable) **2122 S.W. 67 Avenue**
83
84 City **Miami** FL 85 Zip Code **33155**

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 *Raymond Beitra* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Mikhel Buck	
STREET ADDRESS	1800 N.E. 114 Street, #1104	
CITY-ST-ZIP	North Miami, FL 33181	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Rita Deutschberger	
STREET ADDRESS	1048 N.E. 99 Street	
CITY-ST-ZIP	Miami Shores, FL 33181	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Mary Ann Bua	
STREET ADDRESS	2 Shady Lane	
CITY-ST-ZIP	Lodi, New Jersey 07644	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Allen Drozd	
STREET ADDRESS	15402 Kippford Court	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Allen Drozd
4.3 STREET ADDRESS	7274 Poinciana Court
4.4 CITY-ST-ZIP	Miami Lakes, FL 33014
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Addition
6.2 NAME	200002481465
6.3 STREET ADDRESS	-04/07/98--01039--012
6.4 CITY-ST-ZIP	***150.00

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 a 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: *Allen Drozd* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4/7/98** FILING FEE: **150.00**

CR2E034 (10/97)