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

POCUMENT # P9700061333 (5) J & J TRANSPORT MIAMI, INC.				
Principal Plac	e of Business	Mailing Address		
14872 NE 16TH AVE 14972 NE 16TH AVE				
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161				
				DO NOT WRITE IN THIS SPACE
İ				3. Date Incorporated or Qualified
2. Principal P	Pace of Business	2a. Mailing Address		07/15/1997 4. FEI Number Applied For
21 26		h1		65-0773505 Not Applicable
		Suite, Apt. #, etc.		\$9.75 Additional
22 27			5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
24	25 25 Name and Address of Currer	29 29 Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
AM	IERILAWYER CHARTERED		81 Name	
343 ALMERIA AVENUE			62 Street Add	dress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			SINGEL AUC	Siess (F.O. Box Number is Not Acceptable)
			83	
			84 City	85 Zip Code
			,	FL
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.				
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statutes.	•
SIGNATURE	Signature, lyped or printed name of rogistered age	(NC)	TE: Registered Agent signature requ	uired when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	MCDONALD, JAMES		1.2 NAME	
STREET ADDRESS	14872 NE 16TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161		1.4 CITY-ST-ZIP	
TITLE	STD	L_J DELETE	2.1 TITLE	Change Addition
NAME	MCDONALD, JEAN		2.2 NAME	
STREET ADDRESS	14872 NE 16TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	NORTH MIAMI FL 33161	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME		□ ortelt	3.1 TITLE 3.2 NAME	Ci Oriange Mounton
STREET ADORESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	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	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		(UELETE	6.1 TITLE	Change L Addition
NAME ETDEET ADDOCCO			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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.

6.4 CITY-ST-ZIP

0.01.42115

MC

AL STO

11-30-90

305-9117-7809

FILED

May 08 1998 8:00am

Secretary of State