FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARMENTOF STATE **CORPORATION** Sandra B. Morthum ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000063785 (4) DOCUMENT #
1. Corporation Name ISLA TRANSPORT, INC. Principal Place of Business Mailing Address 6450 SW 4TH STREET 6450 SW 4TH STREET MIAMI FL 33144 MIAMI FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 9561 FONTAINEBLEAU 21 Suite, Apt #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing WIDUI  $\Box$ 23 Trust Fund Contribution 33172 Zip Country USA 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name RODRIGUEZ, FRANCISCO 9561 FOUNTAINBLEAU BLVD 82 Street Address (P.O. Box Number is Not Acceptable) #310 83 **MIAMI FL 33172** 84 City SIGNATURE Signature, typed or printed name of registered agent and to elif applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. PSTD DELFTE 1.1 TITLE TITLE RODRIGUEZ, FRANCISCO NAME 1.2 NAME 9561 FOUNTAINBLAEAU BLVD, #310 STREET ADDRESS 1.3 STREET ADDRESS

## **FILED** Jul 13 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

CR2E034 (10/97

Added to Fees This corporation owes or has paid the current year Intangible Yes ☐ No 10. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change **MIAMI FL 33172** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZiP DELETE Addition TITLE 6.1 TITLE 7000025886 NAME 62 NAME -07/14/98--01078--014 STREET ADDRESS **6.3 STREET ADDRESS** \*\*\*150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP

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.

4-77-92

205-245-1988