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PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071570 (0)

ROADMASTER TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



7002 PAT BOULEVARD 7002 PAT BOULEVARD TAMPA FL 33615 **TAMPA FL 33615** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1997 Principal Place of Business 2a. Mailing Address Applied For 59-3475537 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED INSUA NORA 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **B2** CORAL GABLES FL 33134 83 City 84 85 Zip Code 33415 TAMPA 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, Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes. afure regured when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change ___ Addition INSUA, JORGE NAME 1.2 NAME 7002 PAT BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33615 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change TITLE STD 2.1 TITLE Addition INSUA, NORA NAME 22 NAME 7002 PAT BOULEVARD STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33615 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 117LE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 6.1 THLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-S1-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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

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