

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90193 001 \*\*\*150.00

DOCUMENT # P97000075623

Corporation Name  
S-N-V TRANSPORTATION, INC.

Principal Place of Business  
2497 WEST 73 PL 2693 WEST 70 PL  
HIALEAH FL 33016



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
26		26	08/29/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number
27		27	65-0779688
City & State		City & State	5. Certificate of Status Desired
28		28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip		Zip	6. Election Campaign Financing
25		29	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country		Country	8. This corporation owes the current year Intangible Personal Property Tax.
25		30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
ESPASANDIN, VANESSA  
2497 WEST 73 PL 2693 WEST 70 PL  
HIALEAH FL 33016

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DPT ESPASANDIN, VANESSA 2497 WEST 73 PL HIALEAH FL 33016		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DVS ESPASANDIN, GUADALUPE 2497 WEST 73 PL HIALEAH FL 33016		1.2 NAME	
		1.3 STREET ADDRESS	2693 WEST 70 PL HIALEAH, FL 33016
		1.4 CITY-ST-ZIP	
		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	2693 WEST 70 PL HIALEAH, FL 33016
		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 type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: GUADALUPE ESPASANDIN  
Date: 08/02/99 305-828-398  
Daytime Phone #

CR2E034 (11/98)