## 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** 

## P97000088311 (0) DOCUMENT #

Principal f	Place of Busine	IA THANSPORT	Mailing Address							
<b>7388 W 34</b> CT							1			
Imrogani			TWOCENTT				DO NOT WRITE IN THIS S	PACE		
							3. Date Incorporated or Qualified 10/13/1997			
2. Princip	2a. Mailing Address	<del></del>			4. FEI Number		Applied For			
21			26	····			65-038/392 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & :	State		City & State	<b>⊢</b>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24		Country 25	2ip <b>29</b>	30 Cou	untry		The second company of the second seco	] Yes	Intangible No	
	9, Nam	and Address of Cu	irrent Registered Agent				10. Name and Address of New Registered A	gent		
Garcia, Carlos 7388 w 34 ct Hialeah Fl					81 82 83	Name Street Address (P.O. Box Number is Not Acceptable)				
					84	City	FL		p Code	
11. Pursu office agent	ant to the provi or registered a . I am familiar v	sions of Sections 607 gent, or both, in the S vith, and accept the c	7.0502 and 607.1508, Florida Si State of Florida. Such change v obligations of, Section 607.050	tatutes, the a vas authorize 5, Florida Sta	bove d by tutes	e-named corp the corporat s.	poration submits this statement for the purpose of lion's board of directors. I hereby accept the appo	changing ontment	its registered as registered	
SIGNATUI	RE									
12.	Signature, typin		ed agent and title if applicable SIAND DIRECTORS	(NDTE: Registere	d Age	ant signatura requir	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DDC IN 12	
TITLE	D	Orriothe	DELETE		ITI F	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND	Change		
NAME	GARCI	A, CARLOS		1.2 N			•			
STREET ADDR	W000 1	V 34 CT				ADDRESS				
CITY-ST-ZIP	HIALE			4		T-ZIP				
TITLE			DELETE			1-211		Change	e Addition	
NAME	[		_	22 N	AME	ĺ			_	
STREET ADDR	ESS					ADDRESS				
CITY-ST-ZIP				1		37 - ZIP				
TITLE	<del></del>		DELETE					Change	Addition	
NAME	{			3.2 N	AME	- 1		_		
STREET ADDRE	ESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP				3.4 (	)ITY - 9	ST-ZIP				
TITLE			DELETE					Change	Addition	
NAME				4.28	IAME.					
CADELL TUUD				120	TOCCT	ADDRESS				

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 species 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 chapter 607 and attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

DELETE

04-27-98

305-827-0507

Change

Change

■ Addition

Addition

**FILED** 

May 11 1998 8:00am

Secretary of State