

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

FILED

**May 01 1998 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088761 (6)

1. Corporation Name
O.J.R. TRANSPORTATION CORP.



Principal Place of Business Mailing Address
6224 TEFNUT TERRACE LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **same**

26 **same**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

65-0794889

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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.

SIGNATURE

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **REYES, OSCAR R**
STREET ADDRESS **6224 TEFNUT TERRACE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** DELETE
NAME **SEVILLA, WILFREDO**
STREET ADDRESS **6224 TEFNUT TERRACE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V** DELETE
NAME **REYES, TOMAS A**
STREET ADDRESS **6224 TEFNUT TERRACE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **STD** DELETE
NAME **REYES, MIRNA E**
STREET ADDRESS **6224 TEFNUT TERRACE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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.

SIGNATURE: *MIRNA E REYES STD*

CR2E034 (10/97)