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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90120 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>1998000013729</u>			
1. Corporation Name <u>TRANSFLORIDA EXPRESS OF AMERICA, INC.</u> <u>7010 N.W. 186TH ST, #107E</u> <u>MIAMI, FLA. 33015</u>			
Principal Place of Business <u>4491 N.W. 36TH ST, SUITE F,</u> <u>MIAMI, FLORIDA 33166</u>		Mailing Address <u>4491 N.W. 36TH STREET</u> <u>SUITE F</u> <u>MIAMI, FLA. 33166</u>	
2. Principal Place of Business 21 <u>TRANSFLORIDA EXPRESS</u> Suite, Apt. #, etc. <u>SUITE F</u> City & State <u>MIAMI, FLA.</u> Zip <u>33166</u> County <u>U.S.A.</u>		2a. Mailing Address 26 <u>4491 N.W. 36TH STREET</u> Suite, Apt. #, etc. <u>SUITE F</u> City & State <u>MIAMI, FLA.</u> Zip <u>33166</u> Country <u>U.S.A.</u>	
9. Name and Address of Current Registered Agent <u>ERIC HANSON</u> <u>4491 N.W. 36TH ST, SUITE F</u> <u>MIAMI, FLORIDA 33166</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>MIAMI</u> FL 85 Zip Code <u>33166</u>	
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 <u>Eric Hanson</u> DATE <u>4-1-99</u>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <input type="checkbox"/> DELETE 2. <input type="checkbox"/> DELETE 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE 7. <input type="checkbox"/> DELETE 8. <input type="checkbox"/> DELETE 9. <input type="checkbox"/> DELETE 10. <input type="checkbox"/> DELETE 11. <input type="checkbox"/> DELETE 12. <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <u>VICE PRESIDENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME <u>CARLA MARTILOTTI</u> 13 STREET ADDRESS <u>4491 N.W. 36TH ST, SUITE F</u> 14 CITY-ST-ZIP <u>MIAMI 33166</u> 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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, with all other like empowered.			

SIGNATURE: Eric Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-99 (305) 887-8280

CR2E034 (11/98)