09211999-90017-050-$550.00-$550.00

AMOUNT DUE ON OR BEFORE 05/01/99 TO BE REVIVED, MINIMUM AMOUNT DUE TO REINSTATE $550

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 OCT 14 PM 2:34

DOCUMENT # P98000029953

1. Corporation Name
VITRAN INVESTMENT II, CORP.

Principal Place of Business	Mailing Address
25 SE 2ND AVE STE 900 MIAMI FL 33131	25 SE 2ND AVE STE 900 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1998

2. Principal Place of Business	2a. Mailing Address
21 13052 SW 133 ct.	26 13052 SW 133ct.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33186 25 Country: U.S.A.	29 Zip: 33186 30 Country: USA

4. FEI Number — ☑ 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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO PA
25 SE 2ND AVE STE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: RUBEN BERTRAN
82 Street Address (P.O. Box Number is Not Acceptable): 13052 SW 133 Ct.
83
84 City: MIAMI FL 85 Zip Code: 33186

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] 9/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERTRAN, Ruben		1.2 NAME	
STREET ADDRESS	13052 SW 133rd CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33186		1.4 CITY-ST-ZIP	
TITLE	VP/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Villar, Luis		2.2 NAME	
STREET ADDRESS	13052 SW 133rd CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33186		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	TS
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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 added on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 9/10/99 305-971-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #