


FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00.

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90087 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000067219 1. Corporation Name JANTOGAL TRANSPORT INCORPORATED					
Principal Place of Business 5800 S KROME AVE. #101 MIAMI FL 33193		Mailing Address 5800 S KROME AVE. #101 MIAMI FL 33193			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 13490 SW 40th LN 27 Suite, Apt. #, etc. 28 Miami, FL 33175 29 Zip Country		3. Date Incorporated or Qualified 07/31/1998 4. FEI Number 65-0768491 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GALVEZ, JULIO A 5800 S KROME AVE. #101 MIAMI FL 33193			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title (if applicable).					
12. OFFICERS AND DIRECTORS TITLE D NAME GALVEZ, JULIO A STREET ADDRESS 5800 S KROME AVE. CITY-ST-ZIP MIAMI FL 33193 <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 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		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

(305) 388-9566

CR2E034 (1/98)