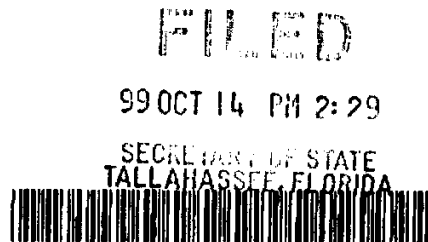


09211999-90017-049-\$550.00-\$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000080251 1. Corporation Name VITRAN INVESTMENT III CORP.			



Principal Place of Business 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE MIAMI FL 33131		Mailing Address 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE MIAMI FL 33131	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 13052 SW 133 CT. Suite, Apt. #, etc.		2a. Mailing Address 22 13052 SW 133 CT. Suite, Apt. #, etc.	
23 MIAMI, FL. City & State		27 MIAMI, FL. City & State	
24 33186 Zip		28 33186 Zip	
25 USA Country		29 USA Country	
9. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE 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 agent or registered agent, or both, in this 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/10/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	
NAME	BERTRAN, Ruben	1.2 NAME	
STREET ADDRESS	13052 SW 133 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	1.4 CITY-ST-ZIP	
TITLE	VP/D	2.1 TITLE	
NAME	VILLAR, Luis	2.2 NAME	
STREET ADDRESS	13052 SW 133 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(9)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99

Date

Daytime Phone #

305.971.0855

CR2E034 (5/99)