AMENDED

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

PROFIT CORPORATION ANNUAL REPORT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -5 PM 2:17

DOCUMENT # P98000081224

1. Corporation Name
ENB TRANSPORT, CORP.

Principal Place of Business / Mailing Address
523 TRADE CIR., # 205
DEERFIELD BCH, FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/16/98

	Principal Place of Business	Mailing Address
2. / 2a.	4231 NW 9 AVE.	4231 NW 9 AVE.
Suite, Apt. #, etc. (22 / 27)		
City & State (23 / 28)	POMPANO BEACH, FL	POMPANO BEACH, FL
Zip (24 / 29)	33064	33064
Country (25 / 30)	USA	USA

4. FEI Number: 65-0758637 ☐ 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

EVILASIO F. BRANDAO
523 TRACE CIR., # 205
DEERFIELD BEACH, FL 33441

10. Name and Address of New Registered Agent

81 Name: RUBEN MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1620 S. OCEAN BLVD., # 7E
84 City: POMPANO BEACH FL 85 Zip Code: 33062

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: Ruben Martinez RUBEN MARTINEZ (NOTE: Registered Agent signature required when reinstating) DATE: 10/1/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT EVILASIO BRANDAO 523 TRACE CIR, # 205 DEERFIELD BCH, FL 33441	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT - DIRECTOR ORLANDO GARCIA 2555 COLLINS AVE., # 1910 MIAMI BEACH, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS NEIDE S. BRANDAO 523 TRACE CIR, # 205 DEERFIELD BCH, FL 33441	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	900003012959--8 -10/12/99--01061--021 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: Orlando Garcia - Orlando Garcia (954) 270-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)