
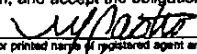


**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90026 016 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000088493</b> 1. Corporation Name <b>FLORIDA TRANSPORT SYSTEMS, INC.</b>			
Principal Place of Business <b>16232 EMERALD COVE ROAD</b> <b>WESTON FL 33331</b>		Mailing Address <b>16232 EMERALD COVE ROAD</b> <b>WESTON FL 33331</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>SAME</b>		2a. Mailing Address 26 <b>SAME</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent <b>CASTRO, MAGDIEL</b> <b>16232 EMERALD COVE ROAD</b> <b>WESTON FL 33331</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 		DATE <b>3-29-99</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS TITLE <b>MAGDIEL CASTRO-PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>16232 EMERALD COVE ROAD</b> STREET ADDRESS <b>WESTON, FL 33331</b> CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>n/a</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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

3-29-99

Date

954-434-3121

Daytime Phone #

1-CR2E034 (11/98)