PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90233 039 ***150.00

DOCUMENT #	P98000089949
- A	

1. Corporation	Name INSPORTATION, INC.	<i>,</i> ,	JU7U								
Principal Place of Business Mailing Address							r 1901fååt ein järkt tubl nutili anne muter post	***************************************			
230 NORTHWEST 41ST STREET 230 NORTHWEST 41ST STREET											
POMPANO BEA	CH FL 33064	PC	MIPANO BEACH FL 33064				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed	- AOL		7	
							10/22/1998				
2 Principal P	lace of Business	2a	Mailing Address				a FCI Number	A	pplied For]	
21		26	· •				65.0871955		ot Applicable		
Suite, Apt.	#, etc.	1-21	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	1	
22		27					5. Certificate of Olitos Doorloo	Fee F	equired	4	
City & State City & State			City & State				6. Election Campaign Financing	•	May Be		
23		28					Trust Fund Contribution Added to Fees				
Zip	Country		Zip				8. This corporation owes the current year intangible				
24	25	29	30	0			Personal Property Tax. 10. Name and Address of New Registered			┨	
	9. Name and Address of Current	Regii	Etered Agent	s	1 N	ame	10. Manto and Azzerbas Of Item Registration			7	
AME	RILAWYER			ļ							
	ALMERIA AVENUE			8	2 S1	reet Addre	ss (P.O. Box Number Is Not Acceptable)	•			
	AL GABLES FL 33134			8:	3					1	
				_				T1 =0	0-1-	-	
					4 Ci	ty	F	85 Zip	Code		
44 Pursuant	to the provisions of Sections 607 0502	and 6	507.1508. Florida Statutes.	the abo	ve-na	med corpor			s registered		
office or n	egistered agent, or both, in the State of	Flori	da. Such change was aut	norized b	y the	corporation	ration submits this statement for the purpose of sound of directors. I hereby accept the app	ointment as r	egistered	1	
	m familiar with, and accept the obligation	ons o	1, 560001 007.0303, 110110	a otaloic						- {	
SIGNATURE	Signature, typed or printed name of registered egent	and title	if applicable (NOTE: Re	egistered Ag	ent sign	sature required	when reinstailing) DATE			_ 6	
12.	OFFICERS AND		ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			11/98	
TITLE	PTD DELETE			11 TITLE				Change	Addition		
NAME	SILVA, PAULO C			12 NAME						정	
STREET ADDRESS	230 NORTHWEST 41ST STREET		1.3 STREET ADDRES			•			2R2E034		
CITY-ST-ZIP	POMPANO BEACH FL 33064			1.4 CITY-ST-ZIP				Change	Addition	.1 8	
TITLE	\$VD		DELETE	2.1 TITLE						"[_	
NAME	GEVA, VALUE BA A			2.2 NAME							
STREET ADDRESS	230 NORTHWEST 41ST STREET	j		2.3 STRE						1	
CITY-ST-ZIP	POMPANO BEACH FL 33064		☐ DELETE	2.4 CITY-				☐ Change	Addition	_	
TITLE			Deceie	32 NAME					_ <i>.</i>		
NAME				3.3 STRE		DESE				1	
STREET ADDRESS				3.4. CITY		- 1					
CITY-ST-ZIP			DELETE	4.1 TITLE				Change	Addition	0	
TITLE				4.2 NAM						ļ	
NAME				4.3 STRE		RESS					
STREET ADDRESS				4.4 CITY-						╛	
CITY-ST-ZIP TITLE			5.1 TITLE				Change	Addition	n		
NAME				5.2 NAME							
STREET ADDRESS				5.3 STRE	ET ADD	RESS				1	
CITY-ST-ZIP			-	5.4 CITY-	ST-ZIP	.				_	
	L								- A 4 100	- I	
TITLE			☐ DELETE	6.1 TITLE				Change	Addition	"	
TITLE NAME			□ D&LETE	6.1 TITLE 6.2 NAME				☐ Change	☐ Accidor	"	

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 eath; 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.

5.4 CITY-ST-ZIP

SIGNATURE:

HED HAME OF SIGNING OFFICER OR DIRECTOR