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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90047 037 ***158.75

DOCUMENT # P98000102711

1. Corporation Name

SUPER CLASS VAN TRANSPORTATION, INC.								
Principal Place of Business Mailing Address					1			
5084 E El Claro Dr. 5084 E El Claro Dr.								
West Palm Beach, Fl 33415 West Palm Beach				33415				
West Falli beach, II 55415 West Falli beach				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					12/07/1998			
2. Principal Pla	ce of Business	2a. Mailing Address		-	4. FEI Number		At	oplied For
21		26	26		65-0881233		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	□ x	\$8.75	Additional
22		27	·]		5. Certificate of Status Desired	L ∆ ,	Fee Re	equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	8		Trust Fund Contribution		Added	to Fees
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered A	gent	
			81					
Antonio E	Perez		82	Maria '	Perez ss (P.O. Box Number is Not Accepta	-bla\		
5084 E El Claro Dr.						ible)		
West Palm Beach, Fl 33415				3084 E	El Claro Dr.			
West ran:	(beach, Fi 55415							
			84	1 '			1 1 '	Code
A4 D 44 H 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					alm Beach	FL	1 1334	
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 Signature, typed of printed name of Algistered agent and title if applicable. (NOTE: R				nt signature required	T. FELEZ when reinstating)	6/2/99 DATE		
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12
TITLE C	ffiger/director	⊠ DELETE	1.1 TITLE				Change	☐ Addition
NAME C	Jose Araujo		1.2 NAME					
STREET ADDRESS 5	DRESS 5084 E El Claro Dr		1.3 STREE	T ADDRESS				
1				ST-ZIP				l
			2.1 TITLE				Change	Addition
	Marry Samaniego	**	22 NAME					
CTREET ADDRESS C	DORESS 938 Almeria Rd		2.3 STREET ADDRESS					ļ
	West Palm Beach, Fl	33405	1					j
	vest Falm Deach, 11	DELETE	2.4 CITY-	S1-ZIP			Change	Addition
		Dittere	3.1 TITLE		_			
NAME			3.2 NAME					
STREET ADDRESS			n	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				CT Addition
TITLE		☐ DELETE	41 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		•		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			54 CITY-9	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREE	T ADDRESS				
			64 CITY-S					
CITY-ST-ZIP			II OT OUT TO					1

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, op on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Antonio Perez OF SIGNING OFFICER OR DIRECTOR

6/2/99

(561) 686**-**1043