FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

Secretary of State (3)**DOCUMENT #** TRANSPORTATION AGENCY SERVICES CORP. Mailing Address Principal Place of Business 4218 SW 9TH ST. 4218 SW 9TH ST. MIAMI FL 33134 MIAMI FL 33134 3. Date incorporated or Qualified 3a. Date of Last Report 03/16/1995 12/31/1990 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0262227 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees 28 23 This corporation has liability for intangible tax under s. 199.032, Country Zφ ☐ Yes ☐ No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GONZALEZ, MERCEDES Street Address (P.O. Box Number is Not Acceptable) 82 4218 SW 9TH ST. 83 **MIAMI FL 33134** 84 City 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. Thereby accept the appointment as registered agent. I am farmhar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE thore Bug Sect April Systemous a et ege Seed and the other Eagail sale CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.2 NAME GONZALEZ, MERCEDES NAME 13 STREET ADDRESS 4218 SW 9TH ST. STREET ADDRESS MIAMI FL 1.4 C(Ty - \$1 - 20) CITY-ST-ZIF Change Addition DELETE 2 1 1HLE SD THLE GONZALEZ, CHARLES A. 2.2 NAME NAME 2.3 STHEET ADDRESS 4218 SW 9TH ST. STHEET ADDRESS MIAMI FL 24 CHY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TO LE 3.2 NAME GONZALEZ, JOHN A. NAME 4218 SW 9TH ST. 3.3 STREET ADDRESS STREET ADDRESS MIAM! FL 34 CHY-ST-ZP CITY - ST - ZiP Change Addition [] DELETE 4 1 OTLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.0 (1Y - \$1, ZIC) CITY-ST ZIP Change Addit on DELETE 5 1 Title TIT1 F 5.2 NAME NAME 5.3 STREET LADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP

6.1791.8

6.2 NAME

6.3 STREET ADDRESS

6.4 CHY+ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an addition

TITLE

NAME

STREET ADDRESS

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)k). 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters from our attachment with an additions.

[Change

Addition

FILED

Apr 25 1996 8:00 am