

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **S21740** (3)

1. Corporation Name

TRANSPORTATION AGENCY SERVICES CORP.



Principal Place of Business

Mailing Address

**4218 SW 9TH ST.
MIAMI FL 33134**

**4218 SW 9TH ST.
MIAMI FL 33134**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/31/1990

3a. Date of Last Report
03/16/1995

4. FEI Number

65-0262227

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 has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**GONZALEZ, MERCEDES
4218 SW 9TH ST.
MIAMI FL 33134**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature typed or printed name of registered agent or director (Typed name must be typed in block letters.)

Signature typed or printed name of registered agent or director (Typed name must be typed in block letters.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD GONZALEZ, MERCEDES**
STREET ADDRESS **4218 SW 9TH ST.**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **SD GONZALEZ, CHARLES A.**
STREET ADDRESS **4218 SW 9TH ST.**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **TD GONZALEZ, JOHN A.**
STREET ADDRESS **4218 SW 9TH ST.**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)