

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  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90034 029 \*\*\*150.00

DOCUMENT # S38667

1. Corporation Name  
LINDA TRANSPORT INC

Principal Place of Business  
11511 S.W. 7TH STREET  
MIAMI FL 33174

Mailing Address  
11511 S.W. 7TH STREET  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1991

4. FEI Number

65-0258116

☒ 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10001 W. FLAGLER ST

Suite, Apt. #, etc.

22 LOT N 1407

23 City & State

MIAMI FL

Zip

24 33174

Country

25 DADE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

DELGADO, WILLIAMS  
924-28 S.W. 67 AVENUE  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name DELGADO, WILLIAM

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

10001 W. FLAGLER ST.

83 LOT N 1407

84 City MIAMI

FL

85 Zip Code

33174

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
DELGADO, WILLIAMS  
STREET ADDRESS 11511 S.W. 7TH STREET  
CITY-ST-ZIP MIAMI FL 33174

TITLE ☒ DELETE

NAME VPST  
DELGADO, MAILYN  
STREET ADDRESS 11511 S.W. 7TH STREET  
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PRESIDENT  
1.3 STREET ADDRESS DELGADO, WILLIAMS  
1.4 CITY-ST-ZIP 11511 S.W. 7TH STREET  
MIAMI, FL. 33174

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VICE - PRESIDENT  
2.3 STREET ADDRESS DELGADO, JOEL  
2.4 CITY-ST-ZIP 11511 SW 7ST.  
MIAMI, FL. 33174

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SECRETARY  
3.3 STREET ADDRESS DELGADO MAILYN  
3.4 CITY-ST-ZIP 11511 SW 7ST.  
MIAMI, FL. 33174

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

2-25-99 305.458 9781

CR2E034 (11/98)