

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S49139 (6)**

1. Corporation Name
RACE TRANSPORT INC.

Principal Place of Business Mailing Address
8817 N. W. 108 STREET HIALEAH FL 33016



2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Created **05/01/1991**
3a. Date of Last Report **04/11/1995**
4. FEIN Number **65-0259930**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent
**CLAVJO, WILLIAM
8817 NW 108 ST
HIALEAH GARDENS FL 33016**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(4), Florida Statutes, the above named corporation solemnly declares that the purpose of changing its registered office or registered agent, or both in the State of Florida, is not to avoid or elude any tax liability, and that the corporation's liability for such taxes, if any, shall be the responsibility of the former registered agent, if any, and the corporation shall accept the obligation of such tax liability in Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CLAVJO, WILLIAM	
STREET ADDRESS	8817 NW 108 ST	
CITY, ST, ZIP	HIALEAH GARDENS FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	CLAVJO, ESNEDA	
STREET ADDRESS	8817 N.W. 108TH ST.	
CITY, ST, ZIP	HIALEAH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	

14. I do hereby certify that the information supplied to this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.04(9)(a), Florida Statutes. I further certify that the information reported on this annual report is true and correct, 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 majority of business empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 of Block 131 of Chapter 607, Florida Statutes.

SIGNATURE: *William Clavjo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William Clavjo**

1/23/96 305-362-5503

CR2E034 (12/95)