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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S63716

(2)

TRANSPORTE RECEI CORPORATION

Principal Place of Business	Mailing Address	
4543 S.W. 140TH PLACE MIAMI FL 33175	P O BOX 440308 Miami FL 33144-0308 US	
		3
2. Principal Place of Business	2a. Maiting Address	4
13400 S.W. 108 COURT	26	

FILED Feb 21 1997 8:00am Secretary of State



4543 S.W. 140TH PLACE MIAMI FL 33175		P O BOX 44030B MIAMI FL 33144-0308 US						
					 Date Incorporated or Qualified 07/02/1991 	3a. Date of Last 02/09/1996	Report	
2. Principal Place of Bu	siness	2a. Maiting Address			4. FEI Number	A	pplied For	
21 13400 S.W.	108 COURT	26			NOT APPLICABLE	N	lot Applicable	
Suite, Apt. #, etc 22		Suite, Apt. #, etc.			6, Certificate of Status Desired	4 1	Additional Required	
City & State	y & State City & State MIAMI, FLORIDA 28			Election Campaign Financing Trust Fund Contribution		May Be I to Fees		
Zip	Country	Zip	Counti	у	8. This corporation has liability for it		s. 199.032,	
24 33176	25 U.S.A.	29 30			Fiorida Statutes Yes 🔀 No			
	ne and Address of Curre	,		1	10. Name and Address of New Reg	listered Agent		
	MANA RAQUEL GRETS	CHKA	8	Name				
4543 S.W. 140TH PLACE Miami FL 33175			8:	82 Street Address (P.O. Box Number is Not Acceptable)				
			B	•				
ı			8-	City		FL 85 Zip	Code	
11, Pursuant to the pro-	visions of Sections 607.05	02 and 607, 1508, Florida Statu	tes, the abo	e-named corp	poration submits this statement for the p	urpose of changing	its registered	
agent. Lam familiar	agent, or both, in the State with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505	aumonzeu t löjjda Statut	sy ine corpora	tion's board of directors. I hereby accep	t the appointment a	s registered	
SIGNATURE YA	MANA R. JEE	FICHKA S	MATOU	e per		7-1997		
Signature, İyi	ed or proted name of registered as	gent and title if applicable. (NO	Ye. Registered A	e/it rignature requ	ed when reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS	13:		ADDITIONS/CHANGES TO OFFIC			
TITLE PD	R, TATIANA RAQUEL	☐ DELETE	1.1 TITLE	. 1		Change	Addition	
4540.0	.W. 140TH PLACE		1.2 NAMI					
MAAMA				T ADDRESS				
CITY-ST-ZIP MIPAWII	· · · · · · · · · · · · · · · · · · ·	DELETE	1.4 CITY			Change	Addition	
NAME		C Direct	2.1 THE			C Curatile		
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP			2.3 SINC 2.4 CITY					
TITLE		DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAMI			•		
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP			3.4. CiTY					
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAM	ŧ				
STREET ACCORESS			4.3 STRE	T ADDRESS				
CITY-S1-Zif			4.4 CITY	ST-ZIP				
Trite		☐ DELETE	51 TITLE			Change	☐ Addition	
NAME			5.2 NAM		•			
STREET ADDRESS			5.3 STRE	t address			,	
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAMI	1	•			
STREET ADDRESS			1	ET ADDRESS				
CiTY+S1+7iP			6.4 CITY	ST - ZIP			ŀ	

14. I do 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.

SIGNATURE:

(305)5921700

0199646