Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90208 035 ***150.00

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**

DOCUMENT # S97971 1. Corporation Name AAAA TRANSPORTATION SERVICES, INC.						
Principal Place	of Rusiness	Mailing Address				
1140 E COMMENCIONE DATA		DEERFIELD BEACH FL 33442				
		•		DO NOT WRITE IN THIS SPACE		
1				3. Date Incorporated or Qualifed		
O. Mailing Address				12/02/1991 4. FEI Number	Applied For	
├─		2a. Mailing Address	a plant.	65-0298344	Not Applicable	
Suite, Apt.	# atc	Suite, Apt. #, etc.	_		\$8.75 Additional	
22	π, σιο. 	27 305		5. Certifcate of Status Desired	Fee Required	
City & State City & State 23 28 20 50		28 Jost Souder	pale, FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year in		
24	25	29 33308 3	Browers	Personal Property Tax.	☐ Yes •☐Ño	
	9. Name and Address of Curre	nt Registered Agent	81 Name 4	10. Name and Address of New Registered		
CAMBIO MICHAEL ID						
	N.W. 38TH AVE.		82 Street A	ddress (P.O. Box Number is Not Acceptable)	LVD	
DEERFIELD BEACH FL 33442				AP+ 305		
1			84 City	AL LAUDERDALE FI	85 Zip Code 333308	
	607.0E	02 and CO7 1500 Elerida Statutos	the above named or		f changing its registered	
office or r	egistered agent, or both, in the State m familiar and accept the obligations of the obligations.	of Florida. Such change was auth ations/of, Sec tion 6 07.0505, Florid	norized by the corpora a Statutes.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the apportunity	pintment as registered	
SIGNATURE	/hirlas	dunce))	4/10/	9	
Signature, typed or printed name of registered agent and title if applicable. (HOTE Registered Agent)				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS A	ND DIRECTORS ☐ DELETE	13.	//	Change	
TITLE	P	□ DECE LE	1.1 TITLE	Eduino MicHAEL		
NAME	SAVINO, MICHAEL		1.2 NAME 1.3 STREET ADDRESS	SAVINO, MICHAEL 3100 N.OCEAN BLVD	# 305	
STREET ADDRESS	660 N.W. 38TH AVE		1.4 CITY-ST-ZIP	Ft. LAUDER OALE, FA	५ ३३३०४	
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL	☐ DELETE	2.1 TITLE	prina de la company	☐ Change ☐ Addition	
NAME	ļ	(2) 52-1-1	22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	فيعنف الأخالس فراديد	ا میں ا	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS	,		3.3 STREET ADDRESS		}	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	

6.4 CITY-ST-ZIP 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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4-938-6993

Change

☐ Change

☐ Addition

■ Addition