SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra R. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (3)HILL'S TRANSPORT, INC. Principal Place of Business Mailing Address 8249 NW 36TH ST 8249 NW 36TH ST **STE 119** STE 119 MIAM! FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1992 05/01/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0328651 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country This corporation has liability for intartyible tax under s. 199 032 $Z_{(0)}$ Zio Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILL, NANCY V. 3561 SW 84 COURT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 **B**3 84 City 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, type, for printe finance of respotence a year and title if applies the (NOTE: Registered Agent's greature required when remaining). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE Addition 1.1 IdsE TITLE HILL, NANCY V. 1.2 NAME NAME 3561 SW 84 CT 13 STREET ADDRESS STREET ADDRESS MIAMI FL 14 CITY -ST-ZIP CHTY-ST-ZIP Change Addition DELETE 2 1 T:TLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELFTE 3.1 TITLE Change Addition TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C:TY - S* - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 HALE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - 7IP 54 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY - ST - ZIP

NAME

STREET ADDRESS

(36/8)

CR2E034