PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **V28369**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90017 005 ***150.00

EASTER	n transport corporat	ION						:
Principal Place	e of Business	Mailing Address		· · · · · · ·	(1001) 011010 11010 11110 01110 01110 01110	s Minera magni maniji m		
19730 NW 58TH AVE 19730 NW 58TH AVE MIAMI FL 33015 MIAMI FL 33015								
US		US			DO NOT WRITE IN TH	IS SPACE	 1	
	·	•			3. Date Incorporated or Qualifed 04/14/1992			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		olied For	
21		26			65-0325362		t Applicable	
Suite, Apt. :	<u> </u>	Suite, Apt. #, etc. 300 W . 74	PL.	#103	5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State	e	City & State	- -		6. Election Campaign Financing	\$5.00		
23		28 HIALEAH F			Trust Fund Contribution	Added to	Fees	}
Zip	Country	Zip 33014	_	intry US	8. This corporation owes the current year		DNo I	
24	9. Name and Address of Curren		30		Personal Property Tax. 10. Name and Address of New Registere		2110	
	3. Harrie and Addiess of Culter	r trofisteren videut		81 Name	in the state of th			
l	CK SIMONET			62 Street Add	ress (P.O. Box Number is Not Acceptable)	_		
1973	80 NW 58TH AVE		•	82 Street Add	ress (P.O. Box Number is Not Acceptable)		Í	
MIAN	MI FL 33015			83			_	
÷				84 City		. 85 Zip C	aho'	
				84 City	F		Jodo	
11, Pursuant	egistered agent, or both, in the State.	of Florida, Such change was	utes, the a	bove-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as reg	registered gistered	(
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	utes.	VIII			
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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:

Daytime Phone #