

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V48392

(7)

1. Corporation Name

RAUL'S TRANSPORT, INC.

Principal Place of Business

**4207
9000 ORANGE AVE.
ORLANDO FL 32837
US 32824**

Mailing Address

**P. O. BOX 592401
ORLANDO FL 32859
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1992

3a. Date of Last Report

03/22/1994

4. FEI Number

59-3132001

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**DIAZ, MIGUEL
1011 ORWELL AVE
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81 Name

M. DIAZ & ASSOCIATES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

3156 S. ORANGE AVE, STE - E

83

84 City

ORLANDO.

FL

85 Zip Code
32806

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 I accept the appointment of, Section 607.0505, Florida Statutes.

SIGNATURE

Miguel Diaz
Signature (typed or printed name of registered agent, if applicable)

MIGUEL DIAZ

(NOTE: Registered Agent signature required when reinstating)

4/24/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
CARVAJAL, RAUL J
11334 DARLINGTON DR.
ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
CARVAJAL, MINERVA
11247 CARRIAGE CT.
ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14, or on an attachment with an address.

SIGNATURE:

Minerva Carvajal
Signature and typed name of signing officer or director

**MINERVA CARVAJAL
DIRECTOR**

4/24/95

907 859-6005