

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # **V48392**

(7)

1. Corporation Name

**RAUL'S TRANSPORT, INC.**

Principal Place of Business

**9100 ORANGE AVE.  
ORLANDO FL 32837  
US**

Mailing Address

**P. O. BOX 592401  
ORLANDO FL 32859-2401  
US**

3. Date Incorporated or Qualified

**07/02/1992**

3a. Date of Last Report

**04/16/1996**

4. FEI Number

**59-3132001**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **9207 S. Orange Ave**

2a. Mailing Address

26 Suite, Apt. #, etc

22 City & State

23 **Orlando FL**

27 City & State

28 Zip

24 Zip

25 **32824**

Country

26 **Orange**

29 Zip

Country

30

9. Name and Address of Current Registered Agent

**M. DIAZ & ASSOCIATES INC  
3156 S ORANGE AVE  
STE E  
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name

**Minerva Carvajal**

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

**11247 Carriage Ct.**

83

84 City

**Orlando**

**FL**

85 Zip Code

**32837**

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]*

*Minerva Carvajal*

\*

**1/29/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CARVAJAL, RAUL J</b>	
STREET ADDRESS	<b>11334 DARLINGTON DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>CARVAJAL, MINERVA</b>	
STREET ADDRESS	<b>11247 CARRIAGE CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, changed or on an attachment with an address

SIGNATURE: \*

*[Signature]*

**1/29/97**

Date

Daytime Phone #

CR2E034 (9/96)