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**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

RAUL'S TRANSPORT, INC.

**FILED** Feb 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 8207 80 ORANGE AVENUE P. O. BOX 592401 ORLANDO FL 32824 ORLANDO FL 32859 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1992 2. Principal Place of Business 21 9209 S. Orange 2a. Mailing Address 4. FEI Number Applied For 59-3132001 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Mando 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 CARVAJAL, MINERVA Name 11247 CARRIAGE COURT 82 Street Address (P.O. Box Number is Not Acceptable) STE E ORLANDO FL 32837 83 64 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, typed or protect name of registered agent and title if applicable (NOTE Fingistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition CARVAJAL, RAUL J NAME 1.2 NAME 11334 DARLINGTON DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE TITLE 2.1 TITLE Change Addition CARVAJAL, MINERVA NAME 2.2 NAME 11247 CARRIAGE CT. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 71768 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 is uppliemental 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 corporalign or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an addres.

SIGNATURE: 4