


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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V57033** (5)

1. Corporation Name  
**APOLO TRANSPORT CORPORATION**

Principal Place of Business 5427 N.W. 72 AVE. MIAMI FL 33166	Mailing Address 5427 N.W. 72 AVE. MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7150 N.W. 51 ST.</b>		2a. Mailing Address 26 <b>7150 N.W. 51 ST</b>		3. Date Incorporated or Qualified <b>08/07/1992</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0359433</b>	
22 City & State <b>MIAMI, FL.</b>		27 City & State <b>MIAMI, FL.</b>		Applied For Not Applicable	
23 Zip <b>33166</b>		29 Zip <b>33166</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MUNERA JAIME</b> <b>14905 S.W. 80 ST 112</b> <b>#505</b> <b>MIAMI FL 33193</b>				10. Name and Address of New Registered Agent 81 Name <b>VASCOZ, EUGENIA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7150 NW 51 ST</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33166</b>			
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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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>P</b>	<b>MUNERA, JAIME</b>	<b>14905 S.W. 80 ST. #112</b>		<b>P</b>	<b>VASCOZ, EUGENIA</b>	<b>7150 NW 51 ST</b>
		<b>MIAMI FL 33193</b>				<b>MIAMI, FL 33166</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>T</b>	<b>MUNERA, TERESA</b>	<b>14905 S.W. 80 ST. #112</b>		<b>V</b>	<b>MUNERA, JAIME</b>	<b>14905 S.W. 80 ST #112</b>
		<b>MIAMI FL 33193</b>				<b>MIAMI, FL 33193</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<b>V</b>	<b>FERREIRA ANGLEA</b>	<b>14905 S.W. 80 ST STE 207</b>				
		<b>MIAMI FL</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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.

SIGNATURE: **SIGNATURE REQUIRED**

01-24-98 (305) 594-0140

CR2E034 (10/97)