

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G94846** (4)

1. Corporation Name

ALOMAR TRANSPORT OF FLORIDA, INC.



Principal Place of Business

6919 NW 50TH ST.
MIAMI FL 33166

Mailing Address

6919 NW 50TH ST.
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SANCHEZ, GUILLERMO
10180 NW 43 ST.
CORAL SPRINGS FL 33065

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.09(2) and 607.13(4), Florida Statutes, the above named Florida corporation hereby certifies that the information furnished herein is true and correct, and that the corporation is in compliance with the provisions of Section 607.09(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SANCHEZ, GUILLERMO	
STREET ADDRESS	10755 NW 49TH MANOR	
CITY, ST, ZIP	CORAL SPRINGS FL	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and I do not intend to file any other statement in compliance with Section 119.07(3)(a), Florida Statutes. I further certify that the information provided in this filing is true and correct and I do not intend to file any other statement in compliance with Section 119.07(3)(a), Florida Statutes. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/96 (305) 9172 44

CR2E034 (12/95)