FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # **P95000030669 (2)**

1. Corporation Name
KEVIN'S TRANSPORTATION, INC.

Principal Place of Business
POST OFFICE BOX 960892
MIAMI FL 33296-0892

Mailing Address
POST OFFICE BOX 960892
MIAMI FL 33296-0892

3. Date Incorporated or Qualified: 04/19/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip / Country
Zip / Country

4. FEI Number: 65-0574302 — 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

9. Name and Address of Current Registered Agent
MEJIA, CARLOS G
9605 SW 148TH COURT
MIAMI FL 33196

10. Name and Address of New Registered Agent
81 Name: BETTY PARDO
82 Street Address (P.O. Box Number is Not Acceptable): 6131 SW 129 CT
83
84 City: MIAMI FL 85 Zip Code: 33183

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: X Betty Pardo — 4/10/97
Signature (typed or printed) name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD ☒ DELETE
NAME	MEJIA, CARLOS G
STREET ADDRESS	9605 SW 148TH COURT
CITY-ST-ZIP	MIAMI FL 33196
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President/Direct ☐ Change ☒ Addition
2.2 NAME	CARLOS E BERMUDEZ
2.3 STREET ADDRESS	6770 SW 166 CT
2.4 CITY-ST-ZIP	MIAMI, FL 33193
3.1 TITLE	Sec./D ☐ Change ☒ Addition
3.2 NAME	BETTY PARDO
3.3 STREET ADDRESS	6131 SW 129 CT
3.4 CITY-ST-ZIP	MIAMI, FL 33183
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: X Betty Pardo — 4/10/97 — 388-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0257428

CR2E034 (9/96)