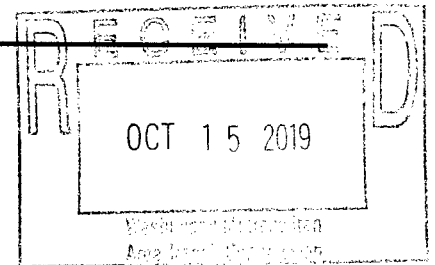


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

<p style="font-size: 1.2em;">1749 DC Nation Incorporated</p>				
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
<p>9701 Apollo Dr</p>	<p>301</p>	<p>Largo</p>	<p>MD</p>	<p>20774</p>
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
<p>703 994 8545</p>		<p>denationinc@gmail.com</p>		
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

<p>2050590</p>	<p></p>	<p>5631</p>	<p></p>
USDOT No	DC DFHV No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

<p>Mistral Anampa</p>	<p>President and CEO</p>		
*Name	*Title		
<p>703 994 8545</p>		<p>denationinc@gmail.com</p>	
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

**Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.*

<p></p>	<p></p>	<p></p>		
Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

Mistral Anampa CEO and President

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

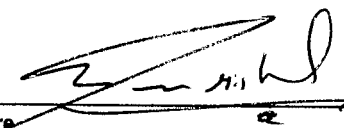
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
206	Ford	2012	1FDUF56T7CEA22335	10840P	MD	32 _(pass)	NO
207	Frigidline	2017	4UZA0SDT3HCJC6039	T607B13	MD	40	NO
204	Ford	2014	1FDXE4FS2EDA48305	10992P	MD	24	NO
202	Ford	2015	1FDWE3FLSFA28050 ^(TR)	9DW1104	MD	15	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mistral Anampa
*Name (type or print)

CEO and President
*Title (not required for sole proprietors)


*Signature

Oct 15, 2019
*Date