

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **G49004** (6)

1. Corporation Name
BEST WAY, INC.

Principal Place of Business Mailing Address

5209 NW 74TH STREET SUITE 101 MIAMI FL 33166

5029 NW 74TH ST STE 101 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/27/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2316423** Applied For Not Applicable

5. Continuation of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 1036 S.W. 1 ST. 26

22 Suite, Apt. #, etc. 27

23 City & State MIAMI FLORIDA. 28

24 Zip 33130 25 County US. 29 30

9. Name and Address of Current Registered Agent

FL ANNUAL RPT/CANTERA ASSOCIATES INC.
1036 S.W. FIRST STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable) 1036 S.W. 1 ST.
83
84 City MIAMI FL 85 Zip Code 33130

11. Pursuant to the provisions of Sections 007.0502 and 007.1708, 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 other provisions of Section 007.0502, Florida Statutes.

SIGNATURE *[Signature]* AMADA CANTERA LOPEZ, PRES 4/25/95

Signature typed or printed name of registered agent and agent acceptable (NOTE: Registered Agent signature required when consulting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIEDRAHITA, BERNARDO
STREET ADDRESS	5209 NW 74TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	PIEDRAHITA, MARY
STREET ADDRESS	5209 NW 74TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	700001468467
13 STREET ADDRESS	-04/28/95--01039--014
14 CITY, ST, ZIP	****200.00 ****200.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

[Handwritten: 8/7 4/26]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an attachment with my address.

SIGNATURE: *[Signature]* PRES. B. 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BERNARDO PIEDRAHITA