

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name
9950000076248
S-WAY INTERNATIONAL CO.

Principal Place of Business: 1111 KANE CONCOURSE STE 204
Mailing Address: BAY HARBOR ISLAND, FL, 33154

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10-5-95

4. F.I.I. Number: 65-061155 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
VYA CHESLAW VALENTIC
20930 NE 24 CT.
NO. MIA BCH. FL 33180

10. Name and Address of New Registered Agent

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 Sections 607.0507 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: DELETE
NAME: D/P VYA CHESLAW VALENTIC
STREET ADDRESS: 20930 NE 24 CT
CITY-ST-ZIP: NO. MIA BCH. FL 33180

2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS:
4. CITY-ST-ZIP:
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS:
8. CITY-ST-ZIP:
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS:
12. CITY-ST-ZIP:

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***150.00

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JP

14. I hereby certify that the information supplied with the 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 addendum with an address.

SIGNATURE: _____ 4/22/98 (305) 866-8379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE NUMBER

CR2E034 (10/97)