

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000084450 (2)

1. Corporation Name
EXPRESS TERMINAL SERVICES, INC.



Principal Place of Business: 100 S.E. SECOND STREET, 17TH FLOOR, MIAMI FL 33131
Mailing Address: 100 S.E. SECOND STREET, 17TH FLOOR, MIAMI FL 33131

3. Date Incorporated or Qualified: 11/03/1995
3a. Date of Last Report

21. Principal Place of Business: 2199 N.W. SOUTH RIVER DR.
22. Suite, Apt. #, etc.

2a. Mailing Address: 2945 NW 21 TERRACE
27. Suite, Apt. #, etc.

4. FEI Number: 65-0625824
Applied For: Not Applicable

23. City & State: MIAMI, FL. 33125

28. City & State: MIAMI, FL. 33142

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

24. Zip: 33125
25. Country: USA
26. State: DADE

29. Zip: 33142
30. Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FRIEDHOFF, JOHN H
100 S.E. SECOND STREET
17TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> DELETE
NAME	JOSE BABUN
STREET ADDRESS	3160 N.W. 14TH ST
CITY - ST - ZIP	MIAMI, FL. 33125
TITLE	V.P. / SEC. / DIRECTOR <input type="checkbox"/> DELETE
NAME	JOSE JESUS BABUN
STREET ADDRESS	12711 N.W. 6TH STREET
CITY - ST - ZIP	MIAMI, FL. 33182
TITLE	TR. / DIRECTOR <input type="checkbox"/> DELETE
NAME	SARA C BABUN
STREET ADDRESS	9250 S.W. 69TH STREET
CITY - ST - ZIP	MIAMI, FL. 33173
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jose Babun* - SEC / V.P. JOSE JESUS BABUN 2-20-96 305-634-3632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)