

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

**FILED**

**Jan 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000031366 (3)**  
1. Corporation Name  
**COMET EXPRESS CORPORATION**



Principal Place of Business <b>7262 N.W. 68TH ST. MIAMI FL 33168</b>	Mailing Address <b>7262 N.W. 66TH ST. MIAMI FL 33166-3008</b>
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3. Date Incorporated or Qualified <b>04/10/1996</b>	3a. Date of Last Report <b>May 1996</b>
4. FEI Number <b>65-0657530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent <b>OLIVEIRA, MARCO A 5700 COLLINS AVE. #75 MIAMI BEACH FL 33140</b>	10. Name and Address of New Registered Agent 81 Name <b>MARCO ANTONIO OLIVEIRA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5700 COLLINS AVE APT. 7J</b> 83 84 City <b>MIAMI BEACH</b> FL 85 Zip Code <b>33140</b>
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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: *Marco Antonio Oliveira* **Marco Antonio Oliveira PD** January 10, 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>OLIVEIRA, MARCO A</b>
STREET ADDRESS	<b>5700 COLLINS AVE. #75</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>GARCIA, ANNIA</b>
STREET ADDRESS	<b>16TH N.E. 5TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33010</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARCO ANTONIO OLIVEIRA</b>
1.3 STREET ADDRESS	<b>5700 COLLINS AVE APT 7J</b>
1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>
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 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: *Marco Antonio Oliveira* **Marco A Oliveira 1/10/97** (305) 470-4515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)