


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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90121 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000000239
 1. Corporation Name
ACES PICK-UP & DELIVERY SERVICES INC.



Principal Place of Business 8379 N.W. 66 ST MIAMI FL 33166	Mailing Address 8379 N.W. 66 ST. MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8620 NW 70 St	2a. Mailing Address 26 8620 NW 70 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33166	25 Country USA
29 Zip 33166	30 Country USA

3. Date Incorporated or Qualified 01/02/1998	4. FE# Number 65-0843971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
LAVIOSA, DANIEL
 8379 N.W. 66 ST.
 MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name **Laviosa, Ignacio**
 82 Street Address (P.O. Box Numbers Not Acceptable)
8620 NW 70 St
 83
 84 City **Miami** FL 85 Zip Code **33166**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	DANIEL LAVIOSA	
STREET ADDRESS	8379 N.W. 66 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/>
NAME	ALEJANDO RAHN	
STREET ADDRESS	8379 N.W. 66 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		12
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laviosa Ignacio	
1.3 STREET ADDRESS	8620 NW 70 St	
1.4 CITY-ST-ZIP	Miami, FL 33166	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alejo, Juan Diego	
2.3 STREET ADDRESS	8620 NW 70 St	
2.4 CITY-ST-ZIP	Miami, FL 33166	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* Date: 01/28/99
 (305) 972-1168 Debye Phone # 718-3899

CR2E034 (11/98)