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APPROVED AND FILED

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CORPORATION ANNUAL REPORT 1995



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S49526 (4)

**1. Corporation Name
A.B.E. CARGO EXPRESS, INC.**

**Principal Place of Business Mailing Address
6408 N.W. 82ND AVE 6408 N.W. 82ND AVE
MIAMI FL 33166 MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/02/1991 3a. Date of Last Report 05/01/1994

4. FEI Number 65-0261110 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 has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 28 Country 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVERA, CLARINES
6408 N.W. 82ND AVENUE
MIAMI FL 33166**

**B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME RIVERA, CLARINES
STREET ADDRESS 5121 S.W. 154TH COURT
CITY - ST - ZIP MIAMI FL**

**TITLE TD
NAME ABELLO, JOSE VLADIMIR
STREET ADDRESS 5121 S.W. 154TH COURT
CITY - ST - ZIP MIAMI FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
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**TITLE
NAME
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CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**6.1 TITLE [] Change [] 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4/18/95

DATE

(305) 471-0203

TELEPHONE NUMBER