

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

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Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S56231 (1)

1. Corporation Name
EAST COAST INTERLINING, INC.

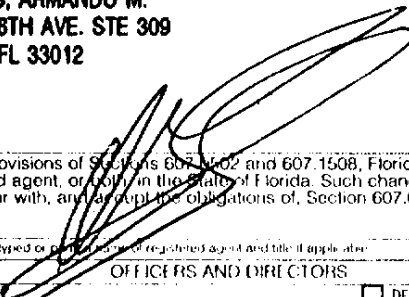


DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1035 E 32ND STREET HIALEAH FL 33013 849 W 19 ST. Hialeah - FL 33013		1035 E 32ND STREET HIALEAH FL 33013 849 W 19 ST. Hialeah - FL 33013	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	05/31/1991	65-0268382
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	25	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VIVANCOS, ARMANDO M. 4160 W 16TH AVE. STE 309 HIALEAH FL 33012		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 607.1402 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: 1/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BORIMONOFF, VICTOR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1035 E 32ND STREET	1.2 NAME	
STREET ADDRESS	HIALEAH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied herein is true and 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 executor 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:

CF2E034 (10/97)