

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

DOCUMENT # V14256 (4)

1995 AUG 10 AM 9:18

1. Corporation Name
BEST EXPRESS CARGO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1617 NW 104 AVE MIAMI FL 33122
Mailing Address: 16663 N.E. 19 AVE. N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/14/1992		04/22/1994	
22		27		4. FEI Number		Applied For	
Suits, Apt. #104 HAGEN & HAGEN, P.A. 3990 SHERIDAN ST. #104 CITY & STATE HOLLYWOOD, FL 33021		Suits, Apt. #104 HAGEN & HAGEN, P.A. 3990 SHERIDAN ST. #104 CITY & STATE HOLLYWOOD, FL 33021		65-0316812		Not Applicable	
23		28		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAGEN, MAX M. ESQUIRE 16663 NORTHEAST 19TH AVENUE NORTH MIAMI BEACH FL 33162				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3 City			
				b4 State			
				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 _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGUINO, ROBERTO	1.2 NAME	Suite 104
STREET ADDRESS	16663 N.E. 19TH AVENUE	1.3 STREET ADDRESS	3990 Sheridan Street
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	1.4 CITY - ST - ZIP	Hollywood, Fla 33021
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAZO, LUIS	2.2 NAME	Suite 104
STREET ADDRESS	16663 N.E. 19TH AVENUE	2.3 STREET ADDRESS	3990 Sheridan Street
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	2.4 CITY - ST - ZIP	Hollywood, Fla 33021
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGUINO, INEZ	3.2 NAME	Suite 104
STREET ADDRESS	16663 N.E. 19TH AVENUE	3.3 STREET ADDRESS	3990 Sheridan Street
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	3.4 CITY - ST - ZIP	Hollywood, Fla 33021
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, JAVIER	4.2 NAME	Suite 104
STREET ADDRESS	16663 N.E. 19TH AVENUE	4.3 STREET ADDRESS	3990 Sheridan Street
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	4.4 CITY - ST - ZIP	Hollywood, Fla 33021
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 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)(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: Roberto Eguino as President 8/4/95 (305) 549-3633
SIGNATURE AND TYPE OF OFFICIAL OR DIRECTOR
 Roberto Eguino

CR2E034 (3/95)