## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

442741

(5)

HERCULES EXPRESS, INC.

Principal Place of Business Mailing Address										I (BB)(C B)B(C B)B(D I)B(C BB)(C B)B	DI 1000 BABAI BIBIS		ilo manda manda amba
7007 NW 30TH ST. MIAM: FL 33122-1328				7007 NW 30TH ST. MIAMI FL 33122-1328									
										3. Date Incorporated or Qualified 01/25/1974	3a. Date of I 07	ast Re <b>07/1</b>	
Principal Place of Business     1				2a. Mailing Address 26						4. FEI Number Applied For 59-15 19397 Not Applied For			applied For Not Applicable
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional Fee Required			
23	City & State			City & State						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
	Zip		Country	L,	Zφ	<b>—</b>	Country	/		8. This corporation has liability for in		ider s	199.032,
24	25     9. Name and Address of Current			29 Pagis	<del></del>				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
		-9. Name	and Address of Current	Regis	tered Agent	Name	10. Name and Accress of New Registered Agent						
RODRIGUEZ, FERNANDO, SR.							81						
6665 N.W. 40TH STREET MIAMI FL 33166							82	1	Street Addres	reet Address (P.O. Box Number is Not Acceptable)			
							83	†					
							84	1	City			<b>5</b> Zip	Code
													ı
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.													
SIG	ENATURE .	Sloresture typed	or printed name of registered agent an	d title if	anolicable (NOT	E. Beois	stered Ace	nt s	signature required w	her reinstating	DATE		
12.		organico e typoo	OFFICERS AND							ADDITIONS/CHANGES TO OFFIC		RECTO	RS IN 12
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1	EFT ADDRESS						6.3 STREE		ADDRESS				
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		y certify that	the information supplied wi	th this	filing is voluntarily furni	shed	and doe	es	not qualify for	the exemption stated in Section 119.0	7(3)(k), Florida	Statut	es. I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Forda Statutes. 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 all anged, or on an attachment with an address.

SIGNATURE

STATUTE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-13-96 (306)871-6938

CR2E034 (12/95)