

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

FILED
Jul 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G03784 1. Corporation Name FLYING CARGO FREIGHT FORWARDERS, INC.			
Principal Place of Business 6174 N.W. 74th Ave. Miami, Florida 33166		Mailing Address Same	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent Pineres, Hernando De 9650 S.W. 122 Avenue Miami, Florida 33186		10. Name and Address of New Registered Agent 81 Name Simon Pineres 82 Street Address (P.O. Box Number is Not Acceptable) 6174 N.W. 74th Ave. 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 <i>[Signature]</i> DATE 7/10/97			
12. OFFICERS AND DIRECTORS 11 TITLE V NAME Pineres, Silvia STREET ADDRESS 9650 S.W. 122 Ave. CITY-ST-ZIP Miami, Florida 12 TITLE P NAME Pineres, Hernando STREET ADDRESS 9650 S.W. 122 Ave. CITY-ST-ZIP Miami, Florida 13 TITLE S NAME Pineres, Simon STREET ADDRESS 9650 S.W. 122 Ave. CITY-ST-ZIP Miami, Florida 14 TITLE NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP 31 TITLE P/S/T/D NAME Pineres, Simon STREET ADDRESS 6174 N.W. 74th Ave. CITY-ST-ZIP Miami, Florida 33166 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP			
14. I do 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. SIGNATURE <i>[Signature]</i> DATE 7/10/97 305 220-4790			