


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

**APPROVED
AND
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97 MAY -1 AM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # G49004 (6) 1. Corporation Name BEST WAY, INC.		



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511
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3. Date Incorporated or Qualified 06/27/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2316423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2300 CORAL WAY	2a. Mailing Address 26 2300 CORAL WAY
Suite, Apt. #, etc. 22 # 200	Suite, Apt. #, etc. 27 # 200
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33145	Country 25 US
Zip 29 33145	Country 30 US

9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY #200 MIAMI FL 33145	10. Name and Address of New Registered Agent
	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 607.0502 and 607.1505, 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 filing herein, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRES** **4/23/97**
 Signature, type 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 PIEDRAHITA, BERNARDO	1.1 TITLE	1.2 NAME
STREET ADDRESS 5209 NW 74TH STREET	CITY-ST-ZIP MIAMI FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE STD	NAME PIEDRAHITA, MARY	2.1 TITLE	2.2 NAME
STREET ADDRESS 5209 NW 74TH STREET	CITY-ST-ZIP MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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*****165.00 ***165.00**

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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, or on an attachment with an address.

SIGNATURE: *Bernardo Piedrahita* **BERNARDO PIEDRAHITA, PRES** **4/23/97**
 Signature, type or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)