

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K36438 (5)
1. Corporation Name
FALCON SUPER EXPRESS, CORP.



Principal Place of Business Mailing Address
5220 NW 72ND AVE BAY 35 MIAMI FL 33166 US

3. Date Incorporated or Qualified **10/04/1988**
3a. Date of Last Report **05/23/1995**
4. FEI Number **65-0187413**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **8233 N.W. 68 Street**
22 Suite, Apt #, etc.
23 **MIAMI, FL.**
24 Zip **33166** 25 Country **DADE**
26 **8233 NW 68 Street**
27 Suite, Apt #, etc.
28 **MIAMI, FL.**
29 Zip **33166** 30 Country **DADE**

9. Name and Address of Current Registered Agent
**ROMERO, CARLOS H
10101 SW 136TH ST
BAY #35
MIAMI FL 33176**

10. Name and Address of New Registered Agent
81 Name **Romero, Carlos H.**
82 Street Address (P.O. Box Number is Not Acceptable) **10101 SW 136 Street.**
83
84 City **MIAMI** 85 Zip Code **33176**

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 _____ (Name of Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	ROMERO, CARLOS	
STREET ADDRESS	5220 NW 72ND AVE BAY 35	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, ERNESTO	
STREET ADDRESS	5220 NW 72ND AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Romero, Carlos H.	
13 STREET ADDRESS	8233 N.W. 68 Street.	
14 CITY - ST - ZIP	MIAMI, FL. 33166	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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, director or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **6/14/96** **305 4773224**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)