

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

FILED
Jun 24 1998 8:00am
Secretary of State

AMENDED PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K50156
 1. Corporation Name
CARIBE CONTAINER EXPRESS, INC.

AMENDMENT

Principal Place of Business: 7227 NW 29th Ave., 2d Floor, Miami, FL 33147
 Mailing Address: P. O. Box 527711, Miami, FL 33152-7711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 12/05/88

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0193060	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent
 Acharandio, Oscar
 7227 NW 29th Ave., 2d Floor
 Miami, FL 33147

10. Name and Address of New Registered Agent
 81 Name: Leonel Enriquez
 82 Street Address (P.O. Box Number is Not Acceptable): 7227 NW 29th Ave., 2d Floor
 83
 84 City: Miami FL 85 Zip Code: 33147

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: *Leonel Enriquez* Leonel Enriquez, Pres. June 3, 1998

12. OFFICERS AND DIRECTORS

TITLE **	PSD	<input checked="" type="checkbox"/> DELETE
NAME	Acharandio, Oscar	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE **	VD	<input checked="" type="checkbox"/> DELETE
NAME	Lopez, Avelardo	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P: Enriquez, Leonel
1.3 STREET ADDRESS	7227 NW 29th Ave., 2d Floor
1.4 CITY-ST-ZIP	Miami, FL 33147
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S Cerna, Blanca
2.3 STREET ADDRESS	7227 NW 29th Ave., 2d Floor
2.4 CITY-ST-ZIP	Miami, FL 33147
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Medina, Jorge
3.3 STREET ADDRESS	7227 NW 29th Ave., 2d Floor
3.4 CITY-ST-ZIP	Miami, FL 33147
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002573741
5.3 STREET ADDRESS	-06/25/98-01001-03
5.4 CITY-ST-ZIP	***26.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002573741
6.3 STREET ADDRESS	-06/25/98-01001-03
6.4 CITY-ST-ZIP	***31.00

14. I 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 in an attachment with an address.

SIGNATURE: *Leonel Enriquez* Leonel Enriquez, Pres. 06/03/98

CR2E034 (10/97)

LAW OFFICES OF

Richard B. Austin

POST OFFICE BOX 830310
MIAMI, FLORIDA 33283-0310

FILE NO:

June 5, 1998

TELEPHONE 592-0036
AREA CODE 305

Division of Corporations
Annual Report Filings/Amended
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Caribe Container Express, Inc. Document # K50156

Ladies & Gentlemen:

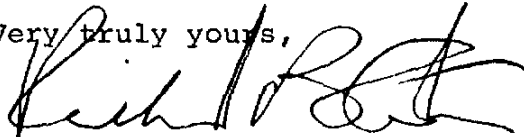
Enclosed please find an amended 1998 Corporation Annual Report to be filed on behalf of my client, Caribe Container Express, Inc.

The purpose of this amended filing is to provide for a corrected list of officers and directors and a new registered agent.

As directed I also enclose my Law Account check No. 25453 payable to the order of the Department of State in the amount of \$35.00 to cover the fee for this filing.

If we have miscalculated the fee to be paid or misunderstood your instructions in any way please call this office collect at the telephone number in the letterhead. We will respond promptly.

Very truly yours,



RICHARD B. AUSTIN

RBA:jb

Encls.: (2)

cc: Jorge J. Medina, Director