


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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L79514 (0)					
1. Corporation Name RAM EXPRESS COURIER, INC.					
Principal Place of Business 3399 NW 72 AVE #205B MIAMI FL 33122 US			Mailing Address P.O. BOX 521083 MIAMI FL 33152		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3399 N.W. 72 AVE. Suite, Apt. #, etc. 22 205 B City & State 23 MIAMI, FL Zip 24 33122		2a. Mailing Address 25 P.O. BOX Suite, Apt. #, etc. 27 521083 City & State 28 MIAMI, FL Zip 29 33152		3. Date Incorporated or Qualified 06/05/1990	
				4. FEI Number 65-0200445	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CUENCA, RAISA 7225 N.W. 25TH ST. SUITE 109 MIAMI FL 33122				10. Name and Address of New Registered Agent 81 Name RAISA CUENCA 82 Street Address (P.O. Box Number is Not Acceptable) 3399 N.W. 72 Avenue 83 Suite 205B 84 City Miami FL 85 Zip Code 33122	

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 RAISA CUENCA (NOTE: Registered Agent signature required when reinstating) DATE 1/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CUENCA, RAISA 7225 N.W. 25TH ST., SUITE 109 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD CUENCA, RAISA 5940 S.W. 13 STREET MIAMI, FLORIDA 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CUENCA, AMADO 7225 NW 25 ST #109 MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VO CUENCA, AMADO 5940 S.W. 13 STREET MIAMI, FLORIDA 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE: RAISA CUENCA (NOTE: Registered Agent signature required when reinstating) DATE 1/5/98 (305) 594-0675

CR2E034 (10/97)