


FILE NOW: Fee after May 1, will be \$588.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000379
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A.R. EXPRESS COURIER SERVICE, L.C.
8147 N.W. 67TH ST.
MIAMI FL 33166

1a. Principal Place of Business Address

8147 N.W. 67TH ST.
MIAMI FL 33166

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 8020 N.W 68 st	2a. Mailing Address SAME	3. Date Organized or Qualified 05/17/1995	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0586667	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Miami FL	City & State	5. Date of Last Report 03/08/1996	6. Certificate of Status Desired \$0.75 Additional Fee Required <input type="checkbox"/>
Zip 33166	Country US		

7. Name and Address of Current Registered Agent AGUIRRE, LUIS 8147 N.W. 67TH ST. MIAMI FL 33166	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Pres. DATE 3/20/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	AGUIRRE, LUIS	8147 N.W. 67TH ST.	MIAMI FL
			800002123169--2 -03/25/97--01037--017 ****203.75 ****203.75 A. Alan 3/24/97

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: [Signature] DATE 3/20/97 (35)-7159040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #