

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT #</b> M14373 (8)	
1. Corporation Name ASTEUR DELIVERY SYSTEMS INCORPORATED	

FILED

97 MAY -1 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5233 PALM AVENUE HIALEAH, FL 33012	Mailing Address 5995 PLAZA DRIVE MS #1460 CYPRESS, CA 90630
2. Principal Place of Business 21 ONE ALHAMBRA PLAZA Suite, Apt. #, etc. 22 SUITE 1000 City & State 23 CORAL GABLES, FL Zip Country 24 33134 25 USA	2a. Mailing Address 26 ONE ALHAMBRA PLAZA Suite, Apt. #, etc. 27 SUITE 1000 City & State 28 CORAL GABLES, FL Zip Country 29 33134 30 USA

3. Date Incorporated or Qualified 04/22/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2560480	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SPIVACK, DAVID ONE ALHAMBRA PLAZA SUITE 1000 CORAL GABLES, FL 33134	
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10. Name and Address of New Registered Agent 81 Name GERALD B. STERNSTEIN 82 Street Address (P.O. Box Number is Not Acceptable) 215 SOUTH MONROE STREET 83 SUITE 815 84 City TALLAHASSEE FL 85 Zip Code 32301	
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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 607.0506, Florida Statutes.

SIGNATURE GERALD B. STERNSTEIN ESQ 4-30-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LOWELL, WAYNE 5995 PLAZA DRIVE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KONOWIECKI, JOSEPH 5995 PLAZA DRIVE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SPIVACK, DAVID ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GARROTE, IVONNE ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D GOODSTEIN, MITCHELL ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C FOLICK, JEFF 5995 PLAZA DRIVE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/T/D KENNETH RIMMER ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/S R.J. ARRINGTON, JR. M.D. ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	600002168126 -05/01/97--01069--022 ***165.00 ***165.00
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: KG RIMMER 4-29-97 313-871-7879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #