FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M20288** (0)

1. Corporation Name
MIAMI EXPRESS DELIVERY SERVICES, INC.

Principal Place of Business
6240 PENT PL
MIAMI LAKES FL 33014

Mailing Address
6240 PENT PL
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 09/06/1985
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-2578391 [ ] Applied For [ ] Not Applicable
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. The corporation has liability contributable to under s. 199.032 Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business
21
State Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
GARCIA, CARLOS
4625 N.W. 191ST STREET
OPA-LOCKA FL 33054

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	GARCIA, CARLOS	
STREET ADDRESS	19732 NW 59 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	[ ] DELETE
NAME	GIL, ANA	
STREET ADDRESS	19732 NW 59 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		[ ] Change [ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		[ ] Change [ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		[ ] Change [ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		[ ] Change [ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		[ ] Change [ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		[ ] Change [ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. 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 report or supplemental 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: X Ana Gil — 4/4/96 — 305 821174(6)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)