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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M24207 (6)
1. Corporation Name
MIAMI INTERNATIONAL COURIER ASSOCIATION, INC.



Principal Place of Business
BLDG. 1011/3450 N.W. 62ND AVENUE
MIAMI INT'L AIRPORT
MIAMI FL 33122
US

Mailing Address
P.O. BOX 526644
MIAMI FL 33152-6644
US

3. Date Incorporated or Qualified 12/04/1985	3a. Date of Last Report 06/20/1996
4. FEI Number 59-2607930	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

SANTEIRO, FRANCISCO X
3450 NW 62ND AVE.
BUILDING 1011/MIA
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name
MICHAEL M. BELLO
82 Street Address (P.O. Box Number is Not Acceptable)
3450 NW 62nd AVENUE
83 BUILDING 1011/MIA
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 MICHAEL M. BELLO / GENERAL MANAGER 1/10/97 01-10-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Signature of Agent is required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	OFIARA, RONALD	
STREET ADDRESS	6145 NW 18TH ST., BLDG. 2203	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	DELETED
NAME	ROBERT ALEXANDER	
STREET ADDRESS	8881 A. FOUNTAINBLEAU BLVD., #403	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT (P)	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	ROBERT ALEXANDER	
1.3 STREET ADDRESS	5975 NW 18th STREET BLDG.#2200	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33152	
2.1 TITLE	VICE-PRESIDENT (VP)	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	GEORGE PEDLAR	
2.3 STREET ADDRESS	2250 NW 84th AVENUE STE #203	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33122	
3.1 TITLE	SECRETARY/TREASURER (ST)	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	ANGELO PATRIZIO	
3.3 STREET ADDRESS	8401 NW 17th STREET	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: ROBERT ALEXANDER / PRESIDENT 01-10-97 305-876-9123
Signature typed or printed name of signing officer or director. DATE Daytime Phone

CR2E034 (9/96)