

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

FILED

Sep 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M59613 (3)

1. Corporation Name
MIAMI CARRIERS, INC.

Principal Place of Business
3200 SOUTH ANDREWS AVENUE
P.O. BOX 13022
FT. LAUDERDALE FL 33316

Mailing Address
3200 SOUTH ANDREWS AVENUE
P.O. BOX 13022
FT. LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3200 SOUTH ANDREWS AVE	26	3200 SOUTH ANDREWS AVE	09/23/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0007796	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24	33316	33316		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25				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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KUYLENSTIERNA, STAFFAAN 3200 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL 33316		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
1.2 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
1.3 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	
CITY-ST-ZIP		3.2 NAME	
1.4 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
1.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
1.6 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
1.7 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	
CITY-ST-ZIP		6.2 NAME	
1.8 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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:  STAFFAAN KUYLENSTIERNA, 8/26/98 954-511-0914

CR2E034 (10/97)

(2)

MIAMI CARRIERS INCORPORATED
3200 ANDREWS AVE., S-103
FT. LAUDERDALE, FL. 33316
TEL: 954-522-0914 FAX: 954-522-0921
E-MAIL ADDRESS: MIAMICAR@AOL.COM

8/20/98

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O.BOX 1500
TALLAHASSEE, FL. 32302-1500

ENCLOSING OUR ANNUAL REPORT AND OUR CHECK FOR \$150.00, THE
REASON FOR FILING LATE IS BECAUSE THE REPORT WAS MAILED TO
MAIL BOX 13022 WHICH WE DON'T USE ANYMORE . ALL MAIL SHOULD BE
ADDRESSED TO:

MIAMI CARRIERS INC.
3200 SOUTH ANDREWS AVE. S-103
FT. LAUDERDALE, FL 33316.

DO NOT USE P.O.BOX NO.

I AM FAXING YOU A COPY OF YOUR ENVELOPE WHERE THE ADDRESS IS
CORRECTLY INDICATED AS: 3200 SOUTH ANDREWS AVE . HOWEVER SINCE
THE P.O.BOX NO 13022 IS ALSO STATED THE POST OFFICE PUT IT THERE.
PLEASE CORRECT YOUR RECORDS

RESPECTFULLY.

MIAMI CARRIERS INC.

STAFFAN KUYLENSTIERNA

