

FILE NOW: FILING FEE AFTER MAY 1 IS \$500

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # M89658 (2)  
1. Corporation Name  
INTER - EXPRESS TRANSFER, INC.



Principal Place of Business  
% OMER MARRERO  
18933 N.W. 80TH CT.  
MIAMI FL 33015-5231

Mailing Address  
% OMER MARRERO  
18933 N.W. 80TH CT.  
MIAMI FL 33015-5231

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1988		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0293026		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MARRERO, OMER 18933 N.W. 80TH CT. MIAMI FL 33015				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE		Change	Addition
NAME	MARRERO, OMAR			1.2 NAME			
STREET ADDRESS	18933 N.W. 80TH CT.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP		Change	Addition
TITLE	V	DELETE		2.1 TITLE			
NAME	MARRERO, VIVIAN			2.2 NAME			
STREET ADDRESS	18933 N.W. 80TH CT.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP		Change	Addition
TITLE		DELETE		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP		Change	Addition
TITLE		DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP		Change	Addition
TITLE		DELETE		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP		Change	Addition
TITLE		DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP		Change	Addition

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/25/97

Daytime Phone #

0122722

CR2E034 (9/96)