

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 01 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 # P93000058965 (3)  
1. Corporation Name

FAST EXPRESS INTERNATIONAL COURIER, INC.



Principal Place of Business Mailing Address  
6999NW 50TH ST.  
MIAMI FL 33166 6999NW 50TH ST.  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/23/1993		01/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0435137		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONTRERAS, OSCAR A 6999 NW 50TH ST. MIAMI FL 33166				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	Change		Addition
NAME	CONTRERAS, OSCAR A			1.2 NAME			
STREET ADDRESS	6999 N.W. 50TH ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE	Change		Addition
NAME	MICHAELS, MARIA T			2.2 NAME			
STREET ADDRESS	6999 N.W. 50TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE	Change		Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change		Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change		Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change		Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

17-25-97 (305) 591-3663

CR2E034 (4/97)