

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 # P94000053572 (1)

1. Corporation Name

F T S EXPRESS, INC.



Principal Place of Business

20533 BISCAYNE BLVD.
SUITE 4-108
MIAMI FL 33180

Mailing Address

20533 BISCAYNE BLVD.
SUITE 4-108
MIAMI FL 33180

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
07/20/1994

3a. Date of Last Report
10/09/1995

4. FEI Number

65-0507105

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FERNANDEZ, LUIS E
20533 BISCAYNE BLVD.
#4-108
MIAMI FL 33180

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FERNANDEZ, LUIS E
20533 BISCAYNE BLVD. #4-108
MIAMI FL 33180

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
TOFFOLI, THOMAS A
20533 BISCAYNE BLVD. #4-108
MIAMI FL 33180

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

1.1 TITLE
12 NAME
1.3 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE
22 NAME
2.3 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE
32 NAME
3.3 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE
42 NAME
4.3 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE
52 NAME
5.3 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE
62 NAME
6.3 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Luis E. Fernandez Luis E. Fernandez

Date

4/17/96

Daytime Phone #

(305) 935-3656

CR2E034 (12/95)