

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

FILED

Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P95000009467 (8)**

1. Corporation Name  
**TOP EXPRESS INTERNATIONAL, INC.**



Principal Place of Business <b>8946 FT JEFFERSON BLVD ORLANDO FL 32822</b>	Mailing Address <b>8946 FT JEFFERSON BLVD ORLANDO FL 32822-7482</b>
---	--

2. Principal Place of Business 21 <b>5750 LAKEHURST DR</b>		2a. Mailing Address 26 <b>5750 LAKEHURST DR</b>		3. Date Incorporated or Qualified <b>01/31/1995</b>	3a. Date of Last Report <b>08/14/1996</b>
Suite, Apt. #, etc. 22 <b>SUITE 150-27</b>		Suite, Apt. #, etc. 27 <b>SUITE 150-27</b>		4. FEI Number <b>APPLIED FOR 59-3400286</b>	Applied For Not Applicable
City & State 23 <b>ORLANDO, FL</b>		City & State 28 <b>ORLANDO, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>32819</b>		Zip 29 <b>32819</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country 25 <b>US</b>		Country 30 <b>US</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COMASSETTO, ANTONIO W 8946 FT JEFFERSON BLVD ORLANDO FL 32822</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 1997	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>COMASSETTO, ANTONIO W</b>		1.2 NAME <b>GUNTER GLASER</b>	
STREET ADDRESS <b>8946 FT JEFFERSON BLVD</b>		1.3 STREET ADDRESS <b>5850 LAKEHURST DR STE 150-27</b>	
CITY-ST-ZIP <b>ORLANDO FL 32822</b>		1.4 CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		2.2 NAME <b>ALEXIS FREIRE</b>	
STREET ADDRESS <b></b>		2.3 STREET ADDRESS <b>5850 LAKEHURST DR STE 150-27</b>	
CITY-ST-ZIP <b></b>		2.4 CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		3.2 NAME <b></b>	
STREET ADDRESS <b></b>		3.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		3.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		4.2 NAME <b></b>	
STREET ADDRESS <b></b>		4.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		4.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		5.2 NAME <b></b>	
STREET ADDRESS <b></b>		5.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		5.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b></b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		6.4 CITY-ST-ZIP <b></b>	

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: Antonio Walter Comassetto **ANTONIO WALTER COMASSETTO** 4/17/97 (407) 3700882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)