


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

FILED
Jun 12 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 # P95000010226 (5)
 1. Corporation Name
ATLANTIC EXPRESS COMPANY

Principal Place of Business P.O. BOX 971343 MIAMI, FLORIDA 33197	Mailing Address P.O. BOX 971343 MIAMI, FLORIDA 33197
--	--

3. Date Incorporated or Qualified 02/07/1995	3a. Date of Last Report 01/29/97
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-05648 20 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired XX \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution XX \$5.00 May Be Added to Fees	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

10. Name and Address of New Registered Agent

FIGUEROA ALEXIS
19610 S.W. 115 AVENUE
MIAMI, FLORIDA 33157

81 Name FIGUEROA PASTOR
82 Street Address (P.O. Box Number is Not Acceptable) 19610 S.W. 115 AVENUE
83
84 City MIAMI
85 Zip Code FL 33157

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 **PASTOR FIGUEROA (PRESIDENT)** *Pastor Figueroa* **APRIL 24, 1997**
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	XX DELETE	1.1 TITLE PD	XX Change <input type="checkbox"/> Addition
NAME FIGUEROA ALEXIS		1.2 NAME FIGUEROA PASTOR	
STREET ADDRESS 19610 S.W. 115 AVENUE		1.3 STREET ADDRESS 19610 S.W. 115 AVENUE	
CITY-ST-ZIP MIAMI, FLORIDA 33157		1.4 CITY-ST-ZIP MIAMI, FLORIDA 33157	
TITLE STD	XX DELETE	2.1 TITLE STD	<input type="checkbox"/> Change XX Addition
NAME FIGUEROA PASTOR		2.2 NAME EUSEBIA FIGUEROA	
STREET ADDRESS 19610 S.W. 115 AVENUE		2.3 STREET ADDRESS 19610 S.W. 115 AVENUE	
CITY-ST-ZIP MIAMI, FLORIDA 33157		2.4 CITY-ST-ZIP MIAMI, FLORIDA 33157	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change XX Addition
NAME		3.2 NAME VP VISCENTE RAMOS	
STREET ADDRESS		3.3 STREET ADDRESS 19610 S.W. 115 AVENUE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FLORIDA 33157	
TITLE	<input type="checkbox"/> DELETE	4.1 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	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee 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 as an attachment with an address.

SIGNATURE: **PASTOR FIGUEROA** *Pastor Figueroa* **APRIL 24, 1997** (305)233-0733
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)