

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000052241 (3)
 1. Corporation Name

XPRESS COURIER/CARGO, INC.



Principal Place of Business: 5558 NW 79 AVE MIAMI FL 33166
 Mailing Address: 5558 NW 79 AVE MIAMI FL 33166

NEW ADDRESS

3. Date Incorporated or Qualified: 07/06/1995
 3a. Date of Last Report: [Blank]
 4. FEI Number: 65-0592215
 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

2. Principal Place of Business: 8235 NW 64 ST #6 MIAMI, FL 33166
 2a. Mailing Address: 8235 NW 64 ST #6 MIAMI, FL 33166
 22. Suite, Apt #, etc: 8235 NW 64 ST #6
 23. City & State: MIAMI, FL
 24. Zip: 33166
 25. Country: DADE
 26. Suite, Apt #, etc: #6
 27. City & State: MIAMI, FL
 28. Zip: 33166
 29. Country: DADE

9. Name and Address of Current Registered Agent

HUNT, JACQUELINE B
 5558 NW 79 AVE
 MIAMI FL 33166

8235 NW 64 ST #6
 MIAMI, FL 33166

10. Name and Address of New Registered Agent

81 Name: [Blank]
 82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 83 [Blank]
 84 City: [Blank] FL 85 Zip Code: [Blank]

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: *Jacqueline B Hunt* DATE: [Blank]
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP LANDIVAR, FLAVIO	<input type="checkbox"/>
NAME	INAQUITO Y UNP, ED. UNP, OF UNP	
STREET ADDRESS	QUITO, ECUADOR	
CITY - ST - ZIP		
TITLE	DV HUNT, JACQUELINE	<input type="checkbox"/>
NAME	4920 NW 79 AVE.	
STREET ADDRESS	MIAMI FL 33166	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	800001898788		
5.3 STREET ADDRESS	-07/19/96--01005--015		
5.4 CITY - ST - ZIP	***225.00		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacqueline B Hunt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 15-96 - 594-4051

CR2E034 (3/96)