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**May 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000052241 (3)

1. Corporation Name
XPRESS COURIER/CARGO, INC.



Principal Place of Business: **8235 NW 64TH ST. #6 MIAMI FL 33166**
Mailing Address: **8235 NW 64TH ST. #6 MIAMI FL 33166-2768**

3. Date Incorporated or Qualified: **07/06/1995** 3a. Date of Last Report: **07/18/1996**
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: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
**HUNT, JACQUELINE B
8235 NW 64TH ST. #6
MIAMI FL 33166**

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 date if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LANDIVAR, FLAVIO	
STREET ADDRESS	INAQUITO Y UNP, ED. UNP, OF UNP	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	DVPO	<input type="checkbox"/> DELETE
NAME	HUNT, JACQUELINE	
STREET ADDRESS	7190 N.W. 179 ST. #210	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DVPE	<input type="checkbox"/> DELETE
NAME	PAREDES SANCHEZ, CECILIA I.	
STREET ADDRESS	PURUHA #840 & MARISCAL SUCRE	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LANDIVAR FLAVIO	
1.3 STREET ADDRESS	5320 S.W. 149 PLACE	
1.4 CITY-ST-ZIP	MIAMI-FL 33185	
2.1 TITLE	DVPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUNT JACQUELINE	
2.3 STREET ADDRESS	8235 N.W. 64TH # 6	
2.4 CITY-ST-ZIP	MIAMI-FL 33166	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)