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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P05000077542 (5)

7. Corporation Name 7 7 P95000077542 (5) Z-2000 EXPRESS TRANSPORT, INC.													
											E MARIATAL DIA IRAK ANAK ANDIK ANDIK AN	() 26 (() (0 1)(
Principal Place of Business					Mailing Address								
15451 S.W. 146TH STREET MIAM! FL 33196					15451 S.W. 146TH STREET MIAMI FL 33196								
MINNE FL 331	3 0			MI	AMI FL 33E	* 0				-	3. Date Incorporated or Qualified	1 90 Do	ate of Last Report
											10/10/1995	Ja. De	ne or east rioport
2. Principal P	lace of Busi:	146 T	TA		Mailing Add	dress	ر ر		46 TR	0	4. FEI Number		Applied For
21 15 4 3 Suite, Apt.		1.10	· · · · · · · · · · · · · · · · · · ·	26	154 Suite, Apt		20	V 7	76 11		11-3165800		Not Applicable
22 Suite, Apr.	#, etc			27	Suite, Apr	r, eic					5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State					City & State ? T/						6. Election Campaign Financing		\$5.00 May Be
23 Miann FL.				28	28						Trust Fund Contribution		Added to Fees
24 Zip 33	196	Country 25		29	^{Zip.} 33	196	30	Country	′		 This corporation has liability for I Florida Statutes 	ntang-ble Yes	tax under s. 199 032, No
9. Name and Address of Current Registered Agent										1	0. Name and Address of New Re		·
ZAI	PTA. HORA	CIO						81	Name				
15451 S.W. 146TH TERRACE 82 Street A								ddress	dress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33196													
									<u> </u>				
· ·						84 City						FL	85 Zip Code
11. Pursuant	to the provis	ions of Section	s 607.0502	and 60	7.1508, Flor	ida Statut	tes, the	e above	named co	orporati	ion submits this statement for the p	rpose of o	changing its registered
office or re agent. La	egistered aç m familiar w	jent, or both, ir ith, and accep	i the Stale of t the obligati	Horida ons of,	Such cha Section 607	nge was a 7.0505, Fi	authori orida S	ized by Statutes	the corpora	'ation's	board of directors. I hereby accept	the appoi	ntment as registered
SIGNATURE													
12.	Signature type:	for printed name of OFF	ICERS AND			(NC		13.	ent signal are rec	dated #L	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS IN 12
TITLE	PTD	ann an an an an ann ann ann ann ann ann				DELETE		1 1 TIFLE]	Change Addition
NAME		, HORACIO					- 1	1.2 NAME					
STREET ADDRESS	10.00								1.3 STREET ADDRESS				
CiTY-ST-ZIP	MIAM! !	L 33196				DELETE		1.4 CITY - S	ST - ZIP			-	T Change III Addition
TIFLE NAME					لــا	DELETE		2 1 TITLE 2 2 NAME				L	Change Addition
STREET ADDRESS									ADDRESS				
CITY-ST-ZIP								2 4 CITY					
TITLE			1-1	-		DELETE		3 1 TITLE		•			Change Addition
NAME							:	3 2 NAME	,				
STREET ADDRESS									ADDRESS				
CITY-SI-ZIP						DELETE		3 4 CITY -	S1 - ZIP	-			Change Addition
TITLE NAME					LJ	DELETE		4 1 TULE 4 2 NAME				L	Change [Adopt on
STREET ADDRESS									LADDRESS				
CITY-ST-ZIP								4 4 CITY - 5					
TITLE					ТТ	DELFTE -		5 1 TITLE	31 211				Change Addition
NAME					h.,d		1	5 2 NAME				_	
STREET ADDRESS							- 1		F ADDRESS				
CITY - ST - ZIP							- 1	5 4 CITY - 9					
TITLE						DELETE		6 I TITLE			60000199		Gnange Addition
NAME	}							6 2 NAME			60000186 -07/09/96010	13N	13
STREET ADDRESS								6 3 STREE	F ADDRESS		***225.00		
	i								1				

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: JELICIA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

157/8/96