

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081269 (9)
 1. Corporation Name
FRACHT FWO INC.



Principal Place of Business 3785 N.W. 82ND AVE #110 MIAMI FL 33166	Mailing Address 3785 N.W. 82ND AVE #110 MIAMI-FL 33166
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/23/1995

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address Suite, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number 65-0646369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
600002598326
 83 -07/24/98--D1097--045
*****150.00**
 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 _____ (NOTE: Registered Agent signature required when relating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MEYER, ROLAND	1.2 NAME	
STREET ADDRESS	72-40 INGRAM ST	1.3 STREET	
CITY-ST-ZIP	FOREST HILLS NY 11375	1.4 CITY-ST-	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	+ Addition
NAME	D CASTILLO, RICHARD	2.2 NAME	
STREET ADDRESS	103-77 102ND STREET	2.3 STREET	
CITY-ST-ZIP	OZONE PARK NY	2.4 CITY-ST-	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET	
CITY-ST-ZIP		3.4 CITY-ST-	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET	
CITY-ST-ZIP		4.4 CITY-ST-	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET	
CITY-ST-ZIP		5.4 CITY-ST-	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET	
CITY-ST-ZIP		6.4 CITY-ST-	

FRACHT FWO INC.
147-39 175th STREET SUITE 211
JAMAICA, N.Y. 11434

The original mailing was never received. The late fee was waived per phone conversation on 7/13/98.

Carole Sandler

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Carole Sandler* 7/13/98 718-553-7914

CR2E034 (5/98)