

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

FILED

Apr 10 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 # P95000088918 (4)

1. Corporation Name

ELEVAGE FREIGHT & COURIER SYSTEM, INC.



Principal Place of Business

7879 N.W. 15H STREET
MIAMI FL 33126

Mailing Address

7879 N.W. 15H STREET
MIAMI FL 33126-1108

3. Date Incorporated or Qualified

11/17/1995

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 7979 NW 21st Street

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip 33122

25 Country USA

2a. Mailing Address

26 7979 NW 21st.

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip 33122

30 Country

4. FEI Number

65-0627802

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

9. Name and Address of Current Registered Agent

CLAUDIA CZETYSKO
10910 SW 25 STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name Claudia Czetyrko
82 Street Address (P.O. Box Number is Not Acceptable)
3061 SW 140 Ave

83

84 City Miami, FL

FL 85 Zip Code 33175

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE 2-7-97

12. OFFICERS AND DIRECTORS

TITLE PD DUCO, LUIS

NAME DUCO, LUIS
STREET ADDRESS 2775 HACKNEY ROAD
CITY- ST- ZIP FT. LAUDERDALE FL 33331

TITLE VPD GONZALEZ, JULIO

NAME GONZALEZ, JULIO
STREET ADDRESS 3040 ESTADONA AVENUE 3270 S.W. 175 AVE
CITY- ST- ZIP MIAMI FL 33142 MIRAMAR - FLA. 33029

TITLE STD SIMONETTE, GUILLERMO

NAME SIMONETTE, GUILLERMO
STREET ADDRESS 6801 HARDING AVENUE, APT. #518
CITY- ST- ZIP MIAMI BEACH FL 33141

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-4-97 DAYTIME PHONE #

CR2E034 (9/96)