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**Feb 17 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 # P95000092313 (2)

1. Corporation Name
PERFECT EXPRESS, INC.



Principal Place of Business
**4815 NW 79 AVE STE 4
MIAMI FL 33166**

Mailing Address
**4815 NW 79 AVE STE 4
MIAMI FL 33166-5437**

3. Date Incorporated or Qualified **12/05/1995** 3a. Date of Last Report **03/28/1996**

2. Principal Place of Business 2a. Mailing Address
21 **245 S.E. 1st Street** 26 **245 S.E. 1st Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 333** 27 **SUITE 333**

City & State City & State
23 **MIAMI, FL** 28 **MIAMI, FL**

Zip Country Zip Country
24 **33131** 25 **U.S.A.** 29 **33131** 30 **U.S.A.**

4. FEI Number **65-0627969** 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

**FRAGA, ANTONIO R
4815 NW 79 AVE STE 4
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name **Guilherme F. VIEIRA**
82 Street Address (P.O. Box Number is Not Applicable) **245 S.E. 1st Street**
83 **SUITE 333**
84 City **MIAMI** FL 85 Zip Code **33131**

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: *Antonio R. Fraga*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

02/04/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PSID	FRAGA, ANTONIO R	4815 NW 79 AVE STE 4	MIAMI FL 33166	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PSID	VIEIRA, Guilherme F.	245 S.E. 1st Street	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of this report or on an attachment with an address.

SIGNATURE: *Antonio R. Fraga*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio R. Fraga

02/04/97 (308) 408-9374

DATE DAYTIME PHONE #

CR2E034 (9/96)