

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 22 AM 9:08

DOCUMENT # P95000093081 (4)

1. Corporation Name

PAY LESS TRANSPORT INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3574 NW 46TH STREET MIAMI FL 33142	3574 NW 46TH STREET MIAMI FL 33142

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2450 SW 137 Ave
22 City & State	27 226
23 Zip	28 Miami, FL
24 Country	29 33175
25	30 USA

3. Date Incorporated or Qualified	Applied For
12/07/1995	Not Applicable
4. FEI Number	8.75 Additional Fee Required
65-0631411	
5. Certificate of Status Desired	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AGUIAR, JULIO W 3574 NW 46TH STREET MIAMI FL 33142	81 Name A & P Registered Agent, Inc
	82 Street Address (P.O. Box Number is Not Acceptable)
	2450 SW 137 Ave
	83 226
	84 City Miami
	85 FL
	86 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 DATE 4/8/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P AGUIAR, JULIO W
STREET ADDRESS	3574 NW 46TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D, P, S, T
1.3 STREET ADDRESS	Yedo, Mario
1.4 CITY-ST-ZIP	3574 NW 46 Street
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D, VP
2.3 STREET ADDRESS	Yedo, James S.
2.4 CITY-ST-ZIP	3574 P.W. 46 Street
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 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 DATE 4/8/98 305 271-7341

CR2E034 (10/97)