

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

FILED
May 01 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 # P96000011151 (3)

1. Corporation Name

CROSSWAYS TRANSPORT, INC.



Principal Place of Business 3560 N.W. 34 STREET MIAMI FL 33142	Mailing Address 3560 N.W. 34 STREET MIAMI FL 33142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 521 SW 78 PLACE Suite, Apt. #, etc. - City & State MIAMI, FL. Zip 33144 Country U.S.		2a. Mailing Address 26 521 SW 78 PLACE Suite, Apt. #, etc. - City & State MIAMI, FL. Zip 33144 Country U.S.		3. Date Incorporated or Qualified 02/05/1996	
22		27		4. FEI Number 65-0644282	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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 CRUZ, NORA O 8201 S.W. 99 COURT MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name ECHEVERRIA, JULIA 82 Street Address (P.O. Box Number is Not Acceptable) 521 SW 78 PLACE 83 84 City MIAMI FL 85 Zip Code 33144	
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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 607.0503, Florida Statutes.

SIGNATURE ECHEVERRIA, JULIA 04/21/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/S	1.1 TITLE	1.2 NAME	VICE-P/T
NAME ECHEVERRIA, HECTOR A	1.2 NAME	1.3 STREET ADDRESS	ECHEVERRIA, JULIA
STREET ADDRESS 521 S.W. 78 PLACE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	521 SW 78 PLACE
CITY-ST-ZIP MIAMI FL 33144	1.4 CITY-ST-ZIP	2.1 TITLE	
TITLE	2.1 TITLE	2.2 NAME	
NAME	2.2 NAME	2.3 STREET ADDRESS	
STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	3.1 TITLE	
TITLE	3.1 TITLE	3.2 NAME	
NAME	3.2 NAME	3.3 STREET ADDRESS	
STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	4.1 TITLE	
TITLE	4.1 TITLE	4.2 NAME	
NAME	4.2 NAME	4.3 STREET ADDRESS	
STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	5.1 TITLE	
TITLE	5.1 TITLE	5.2 NAME	
NAME	5.2 NAME	5.3 STREET ADDRESS	
STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	6.1 TITLE	
TITLE	6.1 TITLE	6.2 NAME	
NAME	6.2 NAME	6.3 STREET ADDRESS	
STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	
CITY-ST-ZIP	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 amendment with an address.

SIGNATURE: Hector A. Echevarria President 04/21/98 (305) 266-3131

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