

FILE NOW: FILING FEE AFTER MAY 4 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012186 (8)

1. Corporation Name  
**WORLD EXPRESS, INC.**

Principal Place of Business <b>9990 S.W. 77TH AVENUE SUITE 330 MIAMI FL 33156-2699</b>	Mailing Address <b>9990 S.W. 77TH AVENUE SUITE 330 MIAMI FL 33156-2691</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/08/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	27	4. FEI Number <b>65-070-7112</b>		Applied For Not Applicable	
22 City & State	28	29 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARGOLIS, JOHN A</b> <b>9990 S.W. 77TH AVENUE</b> <b>SUITE 330</b> <b>MIAMI FL 33156-2699</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGOLIS, JOHN A</b>	1.2 NAME	<b>Maria Del Carmen Carvajal</b>
STREET ADDRESS	<b>9990 S.W. 77TH AVE</b>	1.3 STREET ADDRESS	<b>2525 N.W. 72nd Ave.</b>
CITY-ST-ZIP	<b>MIAMI FL 33156-2699</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33122</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Sec./Treas.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Patricia Millon</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2525 N.W. 72nd Avenue</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Miami, FL 33122</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Jose Antonio Amaya</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2525 N.W. 72nd Ave.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Miami, FL 33122</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Ernesto Millon</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2525 N.W. 72nd Avenue</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Miami, FL 33122</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Patricia Millon* **02-28-97** (305) 599-2624  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0213978

CR2E034 (9/96)