


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90181 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037706

1. Corporation Name
FASTPACK CORPORATION

Principal Place of Business
13289 SW 124 ST.
MIAMI FL 33186

Mailing Address
13289 SW 124 ST.
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0664141	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NAVARRETE, MAURICIO A
12863 SW 150TH TERR
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
JOSE IGNACIO ARLEGUI
82 Street Address (P.O. Box Number is Not Acceptable)
13289 SW 124th STREET
83
84 City
MIAMI
85 Zip Code
FL 33186

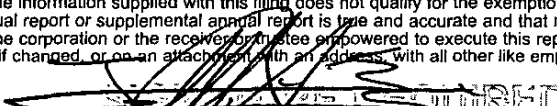
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  JOSE IGNACIO ARLEGUI D VP 4/20/1999
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAVARRETE, JOSE O	1.2 NAME	LILA CLAUDIA GEMMELL
STREET ADDRESS	13289 SW 124 ST.	1.3 STREET ADDRESS	14361 SW 100th LANE
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33186
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	NAVARRETE, MAURICIO A	2.2 NAME	
STREET ADDRESS	13289 SW 124 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ARLEGUI, JOSE I	3.2 NAME	
STREET ADDRESS	13289 SW 124 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 attachment with an address, with all other like empowered.

SIGNATURE:

 SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(305) 233-9699

Daytime Phone #

CR25024-11109