


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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000038287 (4)					
1. Corporation Name CANO EXPRESS COURIER, INC.					
Principal Place of Business 3500 N.W. 9TH STREET MIAMI FL 33125			Mailing Address 3500 N.W. 9TH STREET MIAMI FL 33125		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 04/29/1996					
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 4510 SW, 4 Street		26 4510 SW, 4 ST		65-0664631	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami, Florida.		28 Miami, Florida.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 33134		29 33134.		30 U.S.A	
Country		Country		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CANO, JESUS 3500 NE 9TH ST MIAMI FL 33125				81 Name JESUS CANO.	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 4510 SW, 4 Street	
				84 City Miami FL 85 Zip Code 33134	
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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	CANO, JESUS A				
STREET ADDRESS	3500 N.W. 9TH STREET				
CITY-ST-ZIP	MIAMI FL 33125				
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					
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
62 NAME					
63 STREET ADDRESS					
64 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1996	
4. FEI Number 65-0664631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
10. Name and Address of New Registered Agent	
81 Name JESUS CANO.	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 4510 SW, 4 Street	
84 City Miami FL 85 Zip Code 33134	

CR2E034 (10/97)

4-29-98 (305) 9969017

Date: _____ Digital Signature: _____ 0171405