## 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

DOCUMENT # P96000062505 (8)

## FILED Apr 15 1998 8:00am Secretary of State

1. Corporation US E)	KPRESS CARGO, CORP.	0002000 (0)			
Principal Place of Business Mailing Address				C REQUIRE CASE TO THE DESTRICT OF THE ORDER	0 00H0 11001 010H 03H01 0HH 100H
7309 NW 12TH ST 7309 NW 12TH ST MIAMI FL 33126 MIAMI FL 33126 US			DO NOT WRITE IN THI	S SPACE	
				<ol> <li>Date Incorporated or Qualified 07/25/1996</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0683141	Applied For Not Applicable
22 2240 NW 82 AVE. 27 224		Suite, Apt. #, etc. 27 2240 NW 0	PZE AVE.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	i, FL	28 MINNI, FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33/		<sup>210</sup> 33/22 30	Country JA	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	Yes No
·	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
FILHO, PAULO F 7309 NW 12TH ST MIAMI FL 33126			83	ddress (P.O. Box Number is Not Acceptable)	
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida 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					
	Signature, typed or printed manie of registered ages:		legistered Agent signature re	<u> </u>	
12.	OFFICERS AND PSD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	FILHO, PAULO F		1.2 NAME	EILAD. PAULO F.	DE Change C Nacinon
STREET ADDRESS	7309 NW 12TH ST		1.3 STREET ADDRESS	PSD FILMO, PAULO F BOO SOUTH POINT DR. #504 MIAMI BEACH, PL 33139	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI MACH FL 33/39	
TITLE	WILLIAM 1 C	DELETE	21 TITLE	in the process of the	Change Addition
NAME		_ ,	2.2 NAME		_ • •
STREET ADDRESS			2.3 STREET ADDRESS	· ·	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	311MLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		Change Addition
NAME CTOCET ADDRESS			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	10	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	$\sim$	and occupe	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<i>l</i> / \		6.4 CITY-ST-ZIP		
	ertify that the information supplied with	this filing does not qualify for t		in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. 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 of 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, and attachment with an address.

CICHATURE.

4/8/98

(305) 597-886