

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

FILED  
Jun 02 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 # P96000069837 (8)  
1. Corporation Name  
ACROSS THE BORDER, INC.



Principal Place of Business: 15920 SW 147TH AVE. MIAMI FL 33187  
Mailing Address: 15920 SW 147TH AVE. MIAMI FL 33187

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)  
2a. Mailing Address (24-26)  
City & State (22, 27)  
Zip (23, 28)  
Country (24, 29)

3. Date Incorporated or Qualified: 08/19/1996  
4. FEI Number: 65-0688847  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
CASSAGNOL, GUY A  
15920 SW 147TH AVE.  
MIAMI FL 33187

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: FL

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	P	<input type="checkbox"/> DELETE
NAME	CASSAGNOL, GUY A	
STREET ADDRESS	15920 SW 147TH AVE.	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASSAGNOL, SHAWNEE R	
STREET ADDRESS	15920 SW 147TH AVE.	
CITY-ST-ZIP	MIAMI FL 33187	
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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cassagnol, Shawnee R	
1.3 STREET ADDRESS	15920 SW 147th Ave	
1.4 CITY-ST-ZIP	Miami FL 33187	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cassagnol, Guy A	
2.3 STREET ADDRESS	15920 SW 147th Ave	
2.4 CITY-ST-ZIP	Mia FL 33187	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Sandra B. Mortham* 5/27/98 (305) 255-5156

CFR2E034 (10/97)