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

98-99 AR

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044494

1. Corporation Name
SOUTH AMERICA VAN LINES. INC.

Principal Place of Business / Mailing Address
SOUTH AMERICA VAN LINES, INC.
2714 NW 30TH AVE
LAUDERDALE LAKES, FL 33311
TEL (954) 735-3888

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MAY 20 1997

4. FEI Number: 650758961 [ ] Applied For [ ] Not Applicable

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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2714 NW 30 AVE	26 SAME
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: Lauderdal Lakes FL	28 City & State: SAME
24 Zip: 33311 25 Country: US	29 Zip: SAME 30 Country: SAME

9. Name and Address of Current Registered Agent
HAGEN & HAGEN PA
3990 SHERIDAN St #104
HOLLYWOOD FL. 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 X KEVIN L. HAGEN DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	MALOLYAIR		12 NAME	
STREET ADDRESS	2714 NW 30AV		13 STREET ADDRESS	
CITY-ST-ZIP	Lauderdal Lakes FL 33311		14 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

400002867594---6
-05/07/99--01100--003
****150.00 ****150.00 Addition

400002867594---6
-05/07/99--01100--004 Change Addition
****150.00 ****150.00

CR2E034 (11/98)

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: 4.5.99 954/735 3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone number