SÉCOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).							
	PROFIT FLORIDA DEPARTMEI CORPORATION Sandra B. Mor						
	MIM DEDART						
	1998 Secretary of State Division OF CORPORATIONS				E Emma Great		
DOCUMENT # P97000053127 (1)					98 OCT 15 PM	112: 54	
					SECRETARY OF	STATE	
EURO CARGO EXPRESS SOUTH, INC.					TALLAHASSEF		
Principal Place of Business Mailing Address					*		
25 SE 2ND AVENUE SUITE 1235 25 SE 2ND AVENUE SUITE 12 MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified		
					06/17/1997		
2. Principal Place of Business 21 7-550 NW 7240 AUGNUE 22 2550 NW				VO AUE	4. FEI Number 65-0760928	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 3 3 3			÷		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State . 28 M19m1, FL			<u></u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Zip	Country	Zio	Count	ry	8. This corporation owes or has paid the cu		
24 3312		29 33/22 3	- 1	25 <i>A</i>	Personal Property Tax due June 30.	Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	I Agent	
SANTOS, MAURO C				1 Name	2 LARREA		
25 SE 2ND AVENUE SUITE 1235				82 Street Address (P.O. Box Number is Not Acceptable) 2550 NW 72ND AVENUE			
ingraham building Miami Fl 33131			8	03			
WIAWI FL 55 15 1				Suite >13			
				4 City	m'i FL 85 Zlp Code 23/22		
11. Directant to the provisions of sections 607 0502 and 607 1508. Florida Statutes, the above-paged comparation submits this statement for the number of changing its registers.							
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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						infilment as registered	
SIGNATURE / (OXI) // A A A A A A A A A A A A A A A A A A					שוויי	198	
Signature, typed or printed name of কিন্তান্ত্ৰিক উত্তৰ্ভন পৰি টেট ম ক্র্যুটিনেটাত. (NOTE  12. QFFIÇERS AND DIRECTORS			: Registered	gistered Agent signature required when reinstating) // DATE /  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		ND DIRECTORS IN 12	
TITLE	PRESIDENT	DELETE	1.1 TITLE		, and the second	Change Addition	
NAME	·	_	1.2 NAME	<u> </u>			
STREET ADDRESS	DORESS 2550 NW 71NO AVENUE, SUITE 3/3			1.3 STREET ADDRESS		- Vr	
CITY-ST-ZIP	MIAMI, FL	33122-	1.4 CITY-				
TITLE	DELETE		2.1 TITLE		900002866	-01116007	
NAME			2.2 NAME 2.3 STREET ADORESS		-10/19/98- ****550.0		
STREET ADORESS			2.4 CITY-		www.noons.o.		
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS	NEET 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				ET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			Change Addition	
NAME			5.2 NAME			C Attends C Vegingit	
STREET ADDRESS				ET ADDRESS		7	
CITY-ST-ZIP			5.4 CITY-				

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 attackment with an address. CITY-ST-ZIP 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

Change Addition