Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000058904 (8)

LATIN AND NICA INTERNATIONAL COURRIER AGENCY COR

MIAMI FL 33135		MIAMI FL 33135		
2. Principal Plac	e of Business	2a. Mailing Address		
21 Suite. Apt #, etc. 22		26 Suite. Apt. #, etc. 27		
City & State		City & State		
Zip	Country	2φ	Country	
24	25 9. Name and Address of C	29 urrent Registered Agent	30	

FILED 9777.29 MH: 46 CALGARIARY OF STATE TALLARIASSEE, FLORIDA



MIAMI FL 33135	116 SW 27TH AVE MIAMI FL 33135		DO NOT WRITE IN THIS SPACE
2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite. Apt. #, etc		3. Date Incorporated or Qualified 07/07/1997 4. FEI Number 65 076 5 9 6 2
City & Stale	27 City & State 28		Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25 9. Name and Address BALTODANO, MILDRED 116 SW 27TH AVE	29 29 3	Country 60	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [Yes [] No. 10. Name and Address of New Registered Agent
MIAMI FL 33135		82 Street Adda 83 84 City	ess (P.O. Box Number is Not Acceptable)
signature Signat	the State of Florida Such change was au the obligations of, section 607 5505, Floridation of the days at the CERS AND DIRECTORS	thorized by the corporate da Statutes. Registered April signification in part of the part	ration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered EIATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change [] Addition
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33135 TITLE NAME STREET ADDRESS		13 STREET ADDRESS 14 CH Y-ST-78* 2 1 THE 22 NAME 23 STREET ADDRESS	5000028593551 -04/30/99-101198-1019*** ****900.00 ****300.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELFTE	24 C11 STZIP 3 1 TPLE 3 2 NAME 3 3 SIRPET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADMRESS	DELETE	34 CHYST-ZIP 4 1 THLE 4 2 NAM 4 3 STREET ACORESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ACORESS	[DELETE	44 Crty:Stizif 51 Title 52 NAME	[] Change [] Addition
CITY-ST-ZIP TITLE NAME	[] DELETE	5 % STREET ADORESS 54 CHTY-ST-ZIP 6 ^ TITLE 62 NAMC	Change Add ton
STREET ADDRESS		63STREETADORESS	

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 frustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 607.

SIGNATURE: