

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000075011 (1)
 1. Corporation Name
FAXTEX FREIGHT FORWARDER, INC.



Principal Place of Business 7907 NW 53 ST. #163 MIAMI FL 33166	Mailing Address 7907 NW 53 ST. #163 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	9737 NW 41 ST	08/28/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	#437	65-0781230	
City & State		City & State		5. Certificate of Status Desired	
23		28	MIAMI FLORIDA	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24		29	33178	<input type="checkbox"/> \$5.00 May Be Added to Fees	
		30	USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GAMBOA, LILIANA L 7907 NW 53 ST., #163 MIAMI FL 33166				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	FL	85	Zip Code
					MIAMI		FL	33178

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS	1.1 TITLE	PV DST
NAME	GAMBOA, LILIANA L	1.2 NAME	
STREET ADDRESS	7907 NW 53 ST., #163	1.3 STREET ADDRESS	9737 NW 41 ST #437
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	T	2.1 TITLE	
NAME	GAMBOA, LILIANA L	2.2 NAME	
STREET ADDRESS	7907 NW 53 ST., #163	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **LILIANA GAMBOA 01/30/98 (305) 4184406**

CR2E034 (10/97)