


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

FILED

Apr 29 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 # P97000089731 (8) 1. Corporation Name AEROMAX WORLDWIDE EXPRESS, CORP.					
Principal Place of Business 4200 NW 79 AVE SUITE 2-A MIAMI FL 33166			Mailing Address 4200 NW 79 AVE SUITE 2-A MIAMI FL 33166		
2. Principal Place of Business 21 4688 N.W. 69 Ave Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33166		2a. Mailing Address 25 830 SE 4 ST Suite, Apt. #, etc. 26 City & State 27 Hialeah FL Zip 28 33010		3. Date Incorporated or Qualified 10/17/1997	
4. FEI Number 65-0788403		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ADAMES, ALBERTO E 4200 NW 79 AVE SUITE 2-A MIAMI FL 33166			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D.V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMES, ALBERTO E		1.2 NAME	Miguelis Vidal	
STREET ADDRESS	4200 NW 79 AVE, STE 2-A		1.3 STREET ADDRESS	830 SE 4 ST	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP	Hialeah, FL 33010	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	ORLANDO VIDAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMES, MARIA C		2.2 NAME	830 SE 4 ST	
STREET ADDRESS	4200 NW 79 AVE, STE 2-A		2.3 STREET ADDRESS	Hialeah, FL 33010	
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: <i>[Signature]</i>			4-18-98 305/579-2873		



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)