

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

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May 19 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 # S08702 (0)
1. Corporation Name
V.I.P. CARGO SERVICES, INC.

Principal Place of Business
7865 N.W. 66TH STREET
MIAMI FL 33166
Mailing Address
P.O. BOX 52-6244
MIAMI FL 33152-6244
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7904 N.W. 66 ST Suite, Apt. #, etc. 22 City & State 23 MIAMI - FL Zip 24 33166 Country 25 U.S.A.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 10/24/1990	
4. FEI Number 65-0235426		Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MESA, FELICIA 7865 N.W. 66TH ST. MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name HUMBERTO A. MESA 82 Street Address (P.O. Box Number is Not Acceptable) 7904 N.W. 66 ST. 83 MIAMI 84 City MIAMI 85 Zip Code FL 33166	
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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 _____ DATE 04/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	P
NAME	MESA, FELICIA	1.2 NAME	Humberto A. MESA
STREET ADDRESS	7865 N.W. 66TH STREET	1.3 STREET ADDRESS	7904 N.W. 66 ST.
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE		2.1 TITLE	T. AMELIA M. PEREZ
NAME		2.2 NAME	7904 N.W. 66 ST.
STREET ADDRESS		2.3 STREET ADDRESS	MIAMI FL 33166
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE		3.1 TITLE	S ROSARIO M. FLYNN
NAME		3.2 NAME	7904 N.W. 66 ST.
STREET ADDRESS		3.3 STREET ADDRESS	MIAMI FL 33166
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 _____ DATE 04/30/98 (305) 971-7828

CR2E034 (10/97)