FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S13754** **(4)**

1. Corporation Name

WILDCAT EXPRESS COMPANY

Principal Place of Business
5445 COLLINS AVE
SUITE 1722
MIA-BEACH FL 33140
US

Mailing Address
5445 COLLINS AVE
SUITE 1722
MIA-BEACH FL 33140
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # — 22
Suite, Apt. # — 27
City & State — 23
City & State — 28
Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: 65-0230363 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. Yes [X] No

9. Name and Address of Current Registered Agent

SOLER, LUISA
~~1950 W 54TH ST SUITE 413~~
~~HIALEAH FL 33012~~

10. Name and Address of New Registered Agent

81 Name: Luisa Soler
82 Street Address (P.O. Box Number is Not Acceptable)
83 5445 Collins Ave Suite 1722
84 City: Mia-Beach FL
85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	[ ] Change [ ] Addition
NAME	SOLER, LUISA	1. NAME	
STREET ADDRESS	5445 COLLINS AVE STE 1722	1. STREET ADDRESS	
CITY, ST, ZIP	MIA-BEACH FL	1. CITY, ST, ZIP	
TITLE		2. TITLE	[ ] Change [ ] Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE	[ ] Change [ ] Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	[ ] Change [ ] Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	[ ] Change [ ] Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	[ ] Change [ ] Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. 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] Luisa Soler 4/30/95 305 864-3384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Name Phone #

0149985 CP