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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S13754

(4)

1. Corporation Name

WILDCAT EXPRESS COMPANY

Principal Place of Business

18211 NW 12 AVE  
SUITE 1722  
N MIAMI BEACH FL 33162  
US

Mailing Address

5445 COLLINS AVE  
SUITE 1722  
MIA-BEACH FL 33140-2560  
US

3. Date Incorporated or Qualified  
11/16/1990

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

21 5445 COLLINS AVE

2a. Mailing Address

26 5445 COLLINS AVE

Suite, Apt. #, etc.

22 Suite CU-22-A

Suite, Apt. #, etc.

27 Suite M-9

City & State

23 Miami Beach

City & State

28 Miami Beach

Zip

24 33140

Country

25 Dade

Zip

29 33140

Country

30 Dade

9. Name and Address of Current Registered Agent

SOLER, LUISA  
5445 COLLINS AVE SUITE 1722  
MIA-BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name LUISA SOLER  
82 Street Address (P.O. Box Number is Not Acceptable)  
5445 COLLINS AVE - M-9  
83 Miami Beach  
84 City  
FL 85 Zip Code 33140

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's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE D DELETE

NAME SOLER, LUISA  
STREET ADDRESS 5445 COLLINS AVE STE 1722  
CITY-ST-ZIP MIA-BEACH FL

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 4/30/97 305864 3344

CR2E034 (9/96)