

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S21827 (8)

1. Corporation Name
GAMMA CARRIERS (USA), INC.

Principal Place of Business	Mailing Address
C/O MANAGER 2511 N.W. 72ND AVE MIAMI FL 33122 US	MANAGER 2511 N.W. 72ND AVE MIAMI FL 33122-1903 US



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

3. Date Incorporated or Qualified 12/31/1990	3a. Date of Last Report 04/05/1996
4. FEI Number 65-0257415	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC.
1202 HAYS STREET, STE. 105
TALLAHASSEE FL 32301

81 Name	10. Name and Address of New Registered Agent
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

TITLE	D	<input type="checkbox"/> DELETE
NAME	OBREGON, PABLO	
STREET ADDRESS	2511 NW 72ND AVE.	
CITY- ST- ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TORO, LUIS	
STREET ADDRESS	2511 NW 72ND AVE.	
CITY- ST- ZIP	MIAMI FL 33122	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LOPEZ VALENCIA, AUGUSTO	
STREET ADDRESS	2511 NW 72ND AVE.	
CITY- ST- ZIP	MIAMI FL 33122	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARANGO, GABRIEL J	
STREET ADDRESS	2511 NW 72ND AVE.	
CITY- ST- ZIP	MIAMI FL 33122	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, KENNETH C	
STREET ADDRESS	2511 NW 72ND AVE.	
CITY- ST- ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	VELEZ, ALFREDO
5.4 CITY- ST- ZIP	2511 NW 72ND AVE MIAMI, FL 33122
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0182913

CR2E034 (9/96)