File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # S55020

Ever Best Van-Line, Incorporated, Inc
4646 NW 17Th Ave
Miami, Florida
33142 - 4133466

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/22/91
3a. Date of Last Report: 1995
4. FEI Number: 65-0308591 [ ] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] **$138.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

2. Mailing Address
21 4646 NW. 17Th Ave
Suite, Apt. #, etc.
22
City & State
23 Miami, FLA
Zip 24 33142 Country 25 DAde

2a. Principle Place of Business
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

Dave Williams
4646 NW 17Th Ave
Miami, F/A
33142

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 Dave Williams (Registered Agent's Signature) DATE 4/29/96

12. OFFICERS AND DIRECTORS

1.1 TITLE	Pres.
1.2 NAME	Dave Williams
1.3 ADDRESS	4646 NW 17Th Ave
1.4 CITY, ST, ZIP	Miami F-LA 33142
2.1 TITLE	Treas
2.2 NAME	Melvin Williams
2.3 ADDRESS	4646 NW 17Th Ave.
2.4 CITY, ST, ZIP	Miami F/A 33142
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY, ST, ZIP	

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY, ST, ZIP	

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5/1/96

14. I 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; I further certify that each officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, if there is a change.

SIGNATURE Dave Williams DATE 4/29/96

Print/Type Name of Signing Officer or Director: Dave Williams Title: Pres. Daytime Telephone Number: (305) 633-5536

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