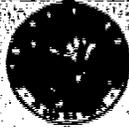


**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78389** (1)
1. Corporation Name
FAST DISPATCH, INC.

Principal Place of Business Mailing Address
**4610 NW 73 AVE PO BOX 520643
MIAMI FL 33166 MIAMI FL 33152-0643
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0285623	Applied For <input type="checkbox"/> 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 has liability for intangible tax under § 100.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc. 22	26. Mailing Address State, Apt. #, etc. 27
23. City & State 28	29. City & State 30
24. Zip 25	30. Zip 31

9. Name and Address of Current Registered Agent AMORTEGUI, JUAN FERNANDO 4610 NW 73 AVE MIAMI FL 33166	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORTEGUI, JUAN	12 NAME	
STREET ADDRESS	%420 LINCOLN RD., #273	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	14 CITY, ST, ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORTEGUI, JAIRO	22 NAME	
STREET ADDRESS	%420 LINCOLN RD., #273	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	24 CITY, ST, ZIP	
TITLE	DP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIOLLO, JUAN	32 NAME	
STREET ADDRESS	%420 LINCOLN RD., #273	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I declare by reading that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information disclosed 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 member or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Criollo* **JUAN CRIOLLO** 04-21-95 477-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR