

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V71652 (4)

1. Corporation Name
CALLME EXPRESS, INC.

Principal Place of Business 13791 S.W. 10TH TERRACE MIAMI FL 33184	Mailing Address 13791 S.W. 10TH TERRACE MIAMI FL 33184
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/16/1992	3a. Date of Last Report 04/12/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0362671 Applied For <input type="checkbox"/> 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. 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CASTRO, LUIS 13791 S.W. 10TH TERRACE MIAMI FL 33184	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

Signature, typed or printed name of registered agent and title of applicant

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME CASTRO, LUIS	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13791 S.W. 10TH TERR	CITY - ST - ZIP MIAMI FL	1 2 NAME	
		1 3 STREET ADDRESS	
		1 4 CITY - ST - ZIP	
TITLE	NAME	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 2 NAME	
CITY - ST - ZIP		2 3 STREET ADDRESS	
		2 4 CITY - ST - ZIP	
TITLE	NAME	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3 2 NAME	
CITY - ST - ZIP		3 3 STREET ADDRESS	
		3 4 CITY - ST - ZIP	
TITLE	NAME	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4 2 NAME	
CITY - ST - ZIP		4 3 STREET ADDRESS	
		4 4 CITY - ST - ZIP	
TITLE	NAME	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5 2 NAME	
CITY - ST - ZIP		5 3 STREET ADDRESS	
		5 4 CITY - ST - ZIP	
TITLE	NAME	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6 2 NAME	
CITY - ST - ZIP		6 3 STREET ADDRESS	
		6 4 CITY - ST - ZIP	

14. I do 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)(k), 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: Luis Castro
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR USER (01)

4-26-95 305-552-9423