

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

FILED

**Jan 21 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 # P96000031366 (3)
1. Corporation Name
COMET EXPRESS CORPORATION



Principal Place of Business 7262 N.W. 68TH ST. MIAMI FL 33168	Mailing Address 7262 N.W. 66TH ST. MIAMI FL 33166-3008
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3. Date Incorporated or Qualified 04/10/1996	3a. Date of Last Report May 1996
4. FEI Number 65-0657530	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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**OLIVEIRA, MARCO A
5700 COLLINS AVE.
#75
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent
81 Name
MARCO ANTONIO OLIVEIRA
82 Street Address (P.O. Box Number is Not Acceptable)
5700 COLLINS AVE APT. 7J
83
84 City
MIAMI BEACH 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: *Marco Antonio Oliveira* **Marco Antonio Oliveira PD** January 10, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLIVEIRA, MARCO A	
STREET ADDRESS	5700 COLLINS AVE. #75	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, ANNIA	
STREET ADDRESS	16TH N.E. 5TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARCO ANTONIO OLIVEIRA	
1.3 STREET ADDRESS	5700 COLLINS AVE APT 7J	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Marco Antonio Oliveira* **Marco A Oliveira 1/10/97** (305) 470-4515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)