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Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S49526 (4)  
1. Corporation Name  
A.B.E. CARGO EXPRESS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6408 N.W. 82ND AVE MIAMI FL 33166		Mailing Address 6408 N.W. 82ND AVE MIAMI FL 33166	
2. Principal Place of Business 21 7290 NW 66 St Suite, Apt. #, etc. 22		2a. Mailing Address 26 7290 NW 66 St Suite, Apt. #, etc. 27	
City & State 23 Miami FL		City & State 28 Miami FL	
Zip 24 33166		Country 25 USA	
Country 29 33166		Country 30 USA	
9. Name and Address of Current Registered Agent RIVERA, CLARINES 6408 N.W. 82ND AVENUE MIAMI FL 33166			
10. Name and Address of New Registered Agent 81 Name Rivera, Clarines 82 Street Address (P.O. Box Number is Not Acceptable) 7290 NW 66 St 83 84 City Miami FL 85 Zip Code 33166			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RIVERA, CLARINES	1.2 NAME	
STREET ADDRESS	5121 S.W. 154TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	ABELLO, JOSE VLADIMIR	2.2 NAME	
STREET ADDRESS	5121 S.W. 154TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Clarines Rivera

1/15/98 (305) 471-0203

CR2E034 (10/97)