FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F95000002799 (3)

1. Corporation Name

MORRISON EXPRESS CORPORATION (U.S.A.)

Principal Place of Business
PO BOX 52-0853
MIAMI FL 33152-0853

Mailing Address
PO BOX 52-0853
MIAMI FL 33152-0853

2. Principal Place of Business	**2a.** Mailing Address
21 6121 N.W. 72ND AVE.	26 P.O. BOX 52-0853
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33166 / Country 25 U.S.A.	Zip 29 33152 / Country 30 U.S.A.

3. Date Incorporated or Qualified: 06/09/1995
3a. Date of Last Report:

4. FEI Number: 95-3130076 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAVERAS, HENRY
6121 NW 72ND 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

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	LIU, EUGENE	
STREET ADDRESS	2000 HUGHES WAY	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	D	☐ DELETE
NAME	CHI, JACKSON	
STREET ADDRESS	2000 HUGHES WAY	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	VD	☐ DELETE
NAME	CHIU, DANNY	
STREET ADDRESS	2000 HUGHES WAY	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	P	☐ DELETE
NAME	CHENG, ALLEN	
STREET ADDRESS	2000 HUGHES WAY	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	S	☐ DELETE
NAME	LIANG, JUDY	
STREET ADDRESS	2000 HUGHES WAY	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	T	☐ DELETE
NAME	PAN, KATHY	
STREET ADDRESS	2000 HUGHES WAY	
CITY-ST-ZIP	EL SEGUNDO CA 90245	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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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: Judy Liang JUDY LIANG 3/25/96 310-322-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #