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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
6121 NW 72 AVE MIAMI FL 33166 US	PO BOX 52-0853 MIAMI FL 33152-0853 US

3. Date Incorporated or Qualified: **06/09/1995**
3a. Date of Last Report: **04/08/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	10. Name and Address of New Registered Agent
TAVERAS, HENRY 6121 NW 72ND AVE MIAMI FL 33166	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LIU, EUGENE	1.2 NAME	
STREET ADDRESS	2000 HUGHES WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHI, JACKSON	2.2 NAME	
STREET ADDRESS	2000 HUGHES WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHIU, DANNY	3.2 NAME	
STREET ADDRESS	2000 HUGHES WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245	3.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHENG, ALLEN	4.2 NAME	
STREET ADDRESS	2000 HUGHES WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LIANG, JUDY	5.2 NAME	
STREET ADDRESS	2000 HUGHES WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245	5.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PAN, KATHY	6.2 NAME	
STREET ADDRESS	2000 HUGHES WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: JUDY LIANG — 3/27/97 — 310-322-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0207468