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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096143 (9)

REYLAND EXPRESS INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address			<del></del>		III BRIIB IDI	NA MILAN INGIO AN	069 iyil (891
9631 FONTAINBLEAU BLVD. 9631 FONTAINBLEAU BLVD.								
#105 #105   MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN THIS SPACE			
MICHAEL COLLE					3. Date Incorporated or Qualified			
					12/20/1995			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21	26				65-0634442			ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	City & State		_		6. Election Campaign Financing			May Be
23	28				Trust Fund Contribution			to Fees
<b>Zip</b> Country	Country Zip C		intry		8. This corporation owes or has pa	aid the cur	rent year n	ta gible
24 25	29	30	,—		Personal Property Tax due June		Yes	No
9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gistered	Agent /	<u> 1</u>
IBARRA, MARIA E   9631 FONTAINBLEAU BLVD.								
#105			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
MIAMI FL 33172		1	83					
			84	City				Code
a.			04	Спу		FL	85 Zip	COOB
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statu	ites, the at	bove	-named corporation	oration submits this statement for the pon's board of directors. I hereby access	ourpose of	changing it	ts registered
agent. I am familiar with, and accept the obligate	ons of, Section 607.0505, FI	lorida Slat	utes.		on's board of directors. Thereby dood	pt ino upi	Ontinent as	rogistored
SIGNATURE	AND STATE OF THE S	15 B 37	<del></del>	· · · · · · · · · · · · · · · · · · ·				
Signature, typed or printed name of registered agent of CERS AND		13.	a Agen	n eignature require	od when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR	3S IN 12
TITLE D	☐ DELETE	1.1 TIT	TLE				Change	Addition
NAME IBARRA, MARIA E			AME					
STREET ADDRESS 9631 FONTINABLEAU BLVD. #	105	1.3 ST	REET A	ADDRESS				
CITY-ST-ZIP MIAMI FL 33172				r-ZIP				
TITLE		1.4 CI	TY-ST					<u></u>
NAME	DELETE	2.1 TIT	TLE			<u></u>	Change	Addition
STREET ADDRESS	DELETE	2.1 TIT 2.2 NA	TŁE Ame			<del></del>	Change	☐ Addition
CITY-ST-ZIP	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	TLE Ame Treet a	ADDRESS			Change	☐ Addition
		2.1 TIT 2.2 NA 2.3 ST: 2.4 CI	TLE AME TREET A TTY-ST		· · · · · · · · · · · · · · · · · · ·			
NAME	☐ DELETE	2.1 TIT 2.2 NA 2.3 STi 2. 4 CI 3.1 TIT	TLE AME TREET A ITY-ST TLE		;		Change	Addition
NAME Street address		2.1 TIT 2.2 NA 2.3 STI 2. 4 CI 3.1 TIT 3.2 NA	TEE AME REET A HTY-ST TLE AME	T-ZIP	· · · · · · · · · · · · · · · · · · ·	. '		
STREET ADDRESS		2.1 TIT 2.2 NA 2.3 STI 2. 4 CI 3.1 TIT 3.2 NA 3.3 STI	TLE AME REET A HTY-ST TLE AME REET A	T-ZIP ADDRESS				
		2.1 TIT 2.2 NA 2.3 STI 2. 4 CI 3.1 TIT 3.2 NA	TLE AME REET A HTY-ST ILE AME REET A	T-ZIP ADDRESS	; ;			
STREET ADDRESS CITY-ST-ZIP	☐ DÉLETE	2.1 TIT 2.2 NA 2.3 STI 2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI	TLE AME TREET A TLE AME TREET A TREET A TY-ST	T-ZIP ADDRESS	; ;		L. Change	Addition
STREET ADDRESS CITY-ST-ZPP TITLE	☐ DÉLETE	2.1 TIT 2.2 NA 2.3 STI 2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA	TLE AME TREET A TLE TREET A TLY-ST TLE TREET A TLE AME TLE AME	T-ZIP ADDRESS	;		L. Change	Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ DELETE	21 TII 22 NA 23 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CII	TLE AME TREET A TLE TREET A TY-ST TLE AME TREET A TY-ST	ADDRESS 7-ZIP ADDRESS	;		Change  Change	Addition  Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DÉLETE	21 TII 22 NA 23 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 4.4 CII 5.1 TIT	TLE AME AME TY-ST TLE AME REET A TY-ST TLE AME TY-ST TLE	ADDRESS 7-ZIP ADDRESS			L. Change	Addition
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	☐ DELETE	21 TII 22 NA 23 STI 2. 4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 N/ 4.3 STI 5.1 TII 5.2 NA	TLE AME TREET A TILE TILE TILE TILE TILE TILE TILE TILE	T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP			Change  Change	Addition  Addition
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	☐ DELETE	21 TII 22 NA 23 STI 2. 4 CI 3.1 TII 3.2 NA 3.3 STI 4.1 TII 4.2 N/ 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI	TLE AME TREET A TITY-ST TLE TREET A TITY-ST TR	T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP			Change  Change	Addition  Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 TII 22 NA 23 STI 2. 4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NV 4.3 STI 5.1 TII 5.2 NA 5.3 STI 5.4 CII	TLE AME REET A ITY-ST TLE	T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP			Change Change	Addition  Addition
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	☐ DELETE	21 TII 22 NA 23 STI 2. 4 CI 3.1 TII 3.2 NA 3.3 STI 4.1 TII 4.2 N/ 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI	ILE AME IREET A ITY-ST ILE AME REET A ITY-ST ILE AME REET A ITY-ST ILE ITY-ST ILE	T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP			Change  Change	Addition  Addition

14. Thereby certify that the information supplied with this filten 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 the angle of the corporation of the receipt of Nostbe empowed 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.

64 CITY - ST-ZIP

CIGNATURE.

04-05-98 (

(305)559.7880

**FILED** 

May 12 1998 8:00am

Secretary of State