

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

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**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90069 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000017999

1. Corporation Name  
**ANGEL INTERNATIONAL EXPRESS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 8336 NW 56TH ST, MIAMI FL 33166, US  
 Mailing Address: 8336 NW 56 ST, MIAMI FL 33166, US

3. Date Incorporated or Qualified: 02/26/1997

4. FEI Number: 65-0732212 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 8430 NW 68 ST, Suite: Apt. #: etc. # 4, City & State MIAMI, FL, Zip 33166, Country US

2a. Mailing Address: 26 8430 NW 68 ST, Suite: Apt. #: etc. # 4, City & State MIAMI, FL, Zip 33166, Country US

9. Name and Address of Current Registered Agent  
**GLUCK, MARCIA A**  
 8336 NW 56 ST  
 MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: **GLUCK, MARCIA A.**

82 Street Address (P.O. Box Number is Not Acceptable): **8430 NW 68 ST # 4**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLUCK, MARCIA A</b>	1.2 NAME	<b>GLUCK, MARCIA A.</b>
STREET ADDRESS	<b>1455 NE 121ST ST, #A110</b>	1.3 STREET ADDRESS	<b>1466 NW 153 LN.</b>
CITY-ST-ZIP	<b>N MIAMI FL 33161</b>	1.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33028</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *[Signature]* 1-15-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARCIA A GLUCK PRES** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (11/98)