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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name EXPRESSMANIA

May 10, 1999 8:00 am Secretary of State

05-10-1999 90284 030 ***150.00

77/90 SW 144PL.				
Miami, FL. 33177				
Principal Place of Business 17190 SW 142 PL Mailing Address				
Mlami, FL. 33177	DO NOT WRITE IN THIS SPACE			
raying r c. 22.17		3. Date Incorporated or Qualifed 08-13-98		
2. Principal Place of Business 21 , 17/90 5w /42 PL 26		4. FEI Number 65 - 086 100	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
22	6. Election Campaign Financing Trust Fund Contribution	aign Financing \$5.00 May Be		
23 ////28 Country - Zip	Country Country	8. This corporation owes the current year	Added to Fees Intangible	
	30	Personal Property Tax.	☐ Yes ZeNo	
Name and Address of Current Registered Agent		10. Name and Address of New Registere	ed Agent	
CHARLES ALAN ROSS	81 Name E1	SUARDO OCNER		
3845 SW 4/ St.		ess (P.O. Box Number is Not Acceptable)		
PEMBROKE PORK, FL.	83	770 200 772 15		
, 6, 7, 6, 6, 7	84 City M	<i>làmì</i> F	L 85 Zip Code 33/77	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or poth, in the State of Florida. Such change was aut	thorized by the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered pointment as registered	
agent. I arri familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURES EDUARDO CHER	ua Statutes.	04-2	9-99	
	Registered Agent signature required	when reinstating) DATE		
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE EDUARDO OCNER-President DELETE	1.1 TITLE		☐ Change ☐ Addition	
17/90 SW 142 PL	1.2 NAME			
STREET ADDRESS CITY-ST-ZIP MIAMI, FL. 33177	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE ORLANDO MARCIALES - VICE PRESIDENT	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS 5500 West 21 Ct #301	2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP HIAlRAH, Fl. 33016	2 4 CITY-ST-ZIP			
TITLE DELETE	3.1 TITLE		Change Addition	
NAME	3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE DELETE	3.4. CITY-ST-ZIP		Change Addition	
NAME	4. 2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY-ST-ZIP			
TITLE	5.1 TITLE		☐ Change ☐ Addition	
NAME	5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS	5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE DELETE	61 TITLE		☐ Change ☐ Addition	
NAME	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-99 305-970-4713

Daytime Phone #