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 # P9600092744 (7) IMMIGRATION EXPRESS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

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26

357 EAST 1ST AVENUE HIALEAH FL 33010-4807

2. Principal Place of Business

SIGNATURE:

357 EAST 1ST AVENUE HIALEAH FL 33010-4807

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

(305)883- 4672

Applied For

Not Applicable

3. Date Incorporated or Qualified

65-0706447

11/07/1996 4. FEI Number

Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	×	\$8.75 / Fee Re		
City & State	e		City & State				6. Election Campaign Financing		\$5.00	May Bo	
23		28	28				Trust Fund Contribution		Added		
Zip	Country	Zip	Zip Country				8. This corporation owes or has pai	d the cur	rent year Int	angible	
24	25 29			30			Personal Property Tax due June] No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent 81 Name					
KARANTSALIS, THEO						Name					
357 E 1 AVE					1 5	Street Addres	s (P.O. Box Number is Not Acceptable	e)			
HIALEAH FL 33010					ļ.,_			<u></u>			
				83	1						
				84	c	City			85 Zip (Code	
								<u> </u>			
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 Las Kondo Lo THEO KARANTS ALLS 0/03/98											
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NAME	KARANTSALIS, THEO			1.2 NAME					Oriente		
	357 EAST 1ST AVENUE				1.3 STREET ADDRESS						
STREET ADDRESS	HIALEAH FL 33010-4807				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ľ	
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NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET							
CITY-ST-ZIP	ortifu that the information	aunatical with this filter	done not qualify for	6.4 CITY - S			action 119 07/3Vi) Florida Statutos I f	irther co	tify that the	information	
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.											