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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 513925

(8)

incipal Place of Business	Mailing Address		
6651 SW 91ST AVE. MIAMI FL 33173	6651 SW 91ST AVE. MIAMI FL 33173		
Principal Place of Business	2a. Mailing Address		
<u> </u>	26		
Outro And Winds	0 2 4 4 1		

FILED Mar 16 1998 8:00am Secretary of State

EXPRE	ess resources internat	FIONAL, INC.			1
Principal Plac	e of Business	Mailing Address			I BIRIL OIDII OIDII DISU BIRIL ISDI
6651 SW 91ST AVE. 6651 SW 91ST AVE. MIAMI FL 33173 MIAMI FL 33173			DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualified	
				10/04/1976	
 	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# -1-	26		59-1767868	Not Applicable
Suite, Apt.	. W, e1C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le .	City & State		6. Election Campaign Financing	
23	-	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3	10	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registe	red Agent
M/	ARKS, NATHAN R		81 Name		
66	51 SOUTHWEST 91ST AVE		B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33173				····
			83		
1			84 City		85 Zip Code
44 5		on and cooperation Florida Constant			
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was au	thorized by the corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered
agent. La	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed nation of registered agr	and mod late it most called	Registered Agent signature requi	ired when rainstating) DA	TE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	VD	DELETE	1.1 TITLE	0	Change Addition
NAME	MARKS, WALTER J	RunberVinT	1.2 NAME	Marks Walter L	
STREET ADDRESS	315 A FAIRWAY DAKS,	Post Ti za	1.3 STREET ADDRESS	G Bunker View Llack 112	⊢ ,
CITY-ST-ZIP	SEDONA AZ 1 - 1 W	Coast, 7/a,32/37	1.4 CITY-ST-ZIP	Dalm Coast, 1-1 3013	<u> </u>
TITLE	SO	☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME	MARKS, BEATRICE E.		2.2 NAME		
STREET ADDRESS	6651 91ST AVENUE		2.3 STREET ADDRESS		,
CITY-ST-ZIP	MIAMI FL PD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	MARKS, NATHAN R.	La verere	3.1 TILLE 3.2 NAME		C Overing C Virolini
STREET ADDRESS	6651 91ST AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. City-St-Zip		
TITLE	1-10 9777 1 M	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE .	5.1 TITLE CAPA		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Donor	5.4 CITY-ST-ZIP		Chonso Addition
	l	DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE					l l
NAME			6.2 NAME		į
1			6.2 NAME 6.3 STREET ADDRESS 8.4 CITY-ST-ZIP		

Interest certify that the information supplied with trils filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statules. I further certify that the information indicated on this annual report or supplied with trips ripper 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 abdoment with an address.

GNATURE:

Mathematical Statutes 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 abdoment with an address.

GNATURE:

Mathematical Statutes 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 abdoment with an address.

GNATURE:

SIGNATURE: