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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90039 009 *****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002125

1. Corporation Name

X-PRESS FREIGHT FORWARDERS INC.

Principal Place of Business

P.O. BOX 3557
CAROLINA
PUERTO RICO 00984

Mailing Address

P.O. BOX 3557
CAROLINA
PUERTO RICO 00984

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEGLER, MITCHELL W
1 INDEPENDENT DRIVE
SUITE 3104
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

05/06/1993

4. FEI Number

66-0443506

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
VILANOVA, ERNESTO
1223 LUCHETTI ST., ROMAN MANSIONS CNDO, #2N
CONDADO, PUERTO RICO 00927

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
VILANOVA, LIZA
PASEO DE LAS FLORES SC 35
TRUJILLO ALTO, PUERTO RICO 00976

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VILANOVA, IVONNE
SUCHVILLE PARK, CARR #2, KM 17.6
GUAYNABO, PUERTO RICO

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRENES, RAMON
CARR 175, KM 2.9, BO SAN ANTONIO
CAGUAS, PUERTO RICO

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
1223 LUCHETTI ST., ROMAN MANSIONS CNDO, #2N
CONDADO, PUERTO RICO 00927

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 RE ERNESTO VILANOVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-99

Date

(787) 768-8100

CR2E034 (11/98)