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

PROFIT CORPORATION ANNUAL REPORT

1999



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

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90257 023 ***150.00 03-01-1999 90257 024 ***** 75

1. Corporation	MEN # F96000(EXPRESS, INC.	002649						Ö.	
Principal Place	e of Business	Mailing Address				i fätiläh ilia ifilia Eliti Eatli as:	il soill duits a		E1810 1314 1081
830 THIRD AVE	NUE	830 THIRD AVENUE			-				
8TH FLOOR		8TH FLOOR				DO NOT WRIT	TE IN THIS	SPACE	
NEW YORK NY	10022	NEW YORK NY 10022			- 1	3. Date Incorporated or Qualifed	IE IN ITIIS	OFACE	
US		US				05/28/1996			
2 Principal Pl	lace of Business	2a. Mailing Address	_		-	4, FEI Number		i A	oplied For
21 Principal F	lace of Business	26 1662 NU	36	s T	1	13-3549817		<u> </u>	ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					~	\$8.75	Additional
22	.,	27				5. Certifcate of Status Desired	X	Fee R	equired
City & State	9	City & State	7//				П	\$5:00	May Be
23		28 MIAMI, J.	pridi	4		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	, 1		This corporation owes the curr	ent year Inta		
24	25	29 33142 3	9 6	4		Personal Property Tax.		☐ Yes	□No _
	9. Name and Address of Current	Registered Agent			1	0. Name and Address of New R	legistered /	Agent	
000	DODATION OFFICE COMPANY		81	Name					. أ
	PORATION SERVICE COMPANY		82	Street A	ddress	(P.O. Box Number is Not Accepta	ble)		
	HAYS STREET								
IALL	AHASSEE FL 32301-2525		83						
			84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statutes	the above	a-named c	corporat	on submits this statement for the	purpose of	changing its	s registered
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such channe was auti	nonzea ov	the corpor	ration's	board of directors. I hereby accep	t the appoir	itment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	nt signature rec	quired who	n reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PDC	☐ DELETE	1.1 TITLE		•			☐ Change	Addition
NAME	BULUS, ISAIAS		1.2 NAME						
STREET ADDRESS	CALLE JAGUAR #19		1.3 STREET	ADDRESS					Ì
CITY-ST-ZIP	LOS RIOS SANTO DOMINGO		1.4 CITY-S	T-ZIP					
TITLE	VDC	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	BERAS, ROBERTO		2.2 NAME]
STREET ADDRESS	16 ALICE PLACE		2.3 STREET	TADDRESS					
CITY-ST-ZIP	BERGENFIELD NJ		2.4 CITY-S	T-ZIP	. – .		· _		
TITLE	SD	☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME	ASSILE, EDWARD		3.2 NAME	Ì					
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP	CRESSKILL NJ 07676	The sector	3.4. CITY-S	T-ZIP		H-2400		☐ Change	☐ Addition
TITLE	li	☐ DELETE	4.1 TITLE	ļ				□ change	☐ ¥00000011
NAME			4, 2 NAME	i					
STREET ADDRESS			l	ADDRESS					-
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-21P				☐ Change	Addition
TRILE		☐ NETE1E	5.1 TITLE 5.2 NAME	\				- Suonge	
NAME			1	ADDRESS					ĺ
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1- ZtF				☐ Change	☐ Addition
TITLE		M DEFE IE	6.2 NAME						
NAME			1	TADORESS					
STREET ADDRESS	_			i					
CITY-ST-ZIP	1		6.4 CITY-S	1-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 supplied ental 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: