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

Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G96001 (4) BOBY EXPRESS CO. Principal Place of Business Mailing Address 1161 FLATSUSH AVENUE 1161 FLATSUSH AVENUE **BROOKLYN NY 11226-7004** BROOKLYN NY 11226-7004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2400538 Not Applicable 21 26 Suite, Apt. #, etc Suitu, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CESAR, EXI 81 5414 N.E. 2ND AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33137** RR 84 City 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 this State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) Standard Need or pented native of recedere Lancol and title Lancol able 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE MARIE CHERY, MARIE K 1.2 NAME NAME 180 E. 17TH STREET STREET ADDRESS 1.3 STREET ADDRESS **BROOKLYN NY** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE RHAU, MARIE YOLETTE NAME 2.2 NAME #6D RUE DU CENTRE 2.3 STREET ADDRESS STREET ADDRESS PORT-AU-PRIN, HAITI CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE RHAU, ROBERT 3.2 NAME NAME RUE DU CENTRE #6-D STREET ADDRESS 3.3 STREET ADDRESS 175 RWE PORT-AU-PRINCE, HAITI 34. CITY-ST-ZIP CITY-ST-7IP DELETE Addition TITLE 4 1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DFLETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 13 if changed or on an attachment with an address

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE: Affeliery

TITLE

NAME

STREET ADORESS

CITY-ST-7IP

2/10/98 (7/8)287-529~

Change

Addition

FILED