


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90154 013 ***150.00

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

DOCUMENT # H88620

1. Corporation Name
EL LEON EXPRESS, INC.

Principal Place of Business

2400 S.W. 108 PLACE
 MIAMI FL 33185

Mailing Address

2400 S.W. 108 PLACE
 MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/03/1985

4. FEI Number

59-2664374

Applied For

Not Applicable

5. Certificate of Status Desired☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.☐ Yes☐ No**2. Principal Place of Business**

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LUGO, THELMA
 2400 S.W. 108 PLACE
 MIAMI FL 33185

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-98

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE

NAME **ARGUETA, CARMEN**
STREET ADDRESS **2400 SW 108TH PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME *X Maria del Carmen*
STREET ADDRESS *Signature: ARGUETA, CARMEN*
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

X Maria del Carmen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-98 554 8019

CR2E034 (1/98)