

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

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J04261 (0)

1. Corporation Name
BOBY EXPRESS II OF FLORIDA INC

Principal Place of Business 1161 FLATBURN AVE BROOKLYN NY 11226	Mailing Address 1161 FLATBURN AVE BROOKLYN NY 11226
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1986	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number 58-1760159	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CESAR, JOSEPH E.
5414 N.E. 2ND AVE
MIAMI FL 33137

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHAU, MARIE YOLETTE	1.2 NAME	
STREET ADDRESS	175 RUE DU CENTRE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT-AU-PRIN, HAITI	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERY, MARIE K.	2.2 NAME	MARIE K. CHERY
STREET ADDRESS	180 E. 17TH ST.	2.3 STREET ADDRESS	3900 Kings Hwy #6L
CITY-ST-ZIP	BROOKLYN NY	2.4 CITY-ST-ZIP	BROOKLYN NY 11234
TITLE	P	3.1 TITLE	PRESIDENT & SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHAU, ROBERT	3.2 NAME	ROBERT RHAU
STREET ADDRESS	175 RUE DU CENTRE	3.3 STREET ADDRESS	175 RUE DU CENTRE
CITY-ST-ZIP	PORT-AU-PRIN, HAITI	3.4 CITY-ST-ZIP	PORT-AU-PRIN, HAITI
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 **VICE-PRESIDENT** Change Addition

2.2 NAME **MARIE K. CHERY**

2.3 STREET ADDRESS **3900 Kings Hwy #6L**

2.4 CITY-ST-ZIP **BROOKLYN NY 11234**

3.1 TITLE **PRESIDENT & SECRETARY** Change Addition

3.2 NAME **ROBERT RHAU**

3.3 STREET ADDRESS **175 RUE DU CENTRE**

3.4 CITY-ST-ZIP **PORT-AU-PRIN, HAITI**

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.

SIGNATURE: *A. K. Chery*

2/10/98 681282-5295

CR2E034 (10/97)