

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

**FILED**

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

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

1. Corporation Name  
**BOBY EXPRESS II OF FLORIDA INC**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1161 FLATBURN AVE BROOKLYN NY 11226</b>	Mailing Address <b>1161 FLATBURN AVE BROOKLYN NY 11226</b>
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3. Date Incorporated or Qualified <b>03/17/1986</b>	4. FEI Number <b>58-1760159</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>RHAU, MARIE YOLETTE</b>	
STREET ADDRESS	<b>175 RUE DU CENTRE</b>	
CITY-ST-ZIP	<b>PORT-AU-PRIN, HAITI</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHERY, MARIE K.</b>	
STREET ADDRESS	<b>180 E. 17TH ST.</b>	
CITY-ST-ZIP	<b>BROOKLYN NY</b>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>RHAU, ROBERT</b>	
STREET ADDRESS	<b>175 RUE DU CENTRE</b>	
CITY-ST-ZIP	<b>PORT-AU-PRIN, HAITI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>MARIE K. CHERY</b>
23 STREET ADDRESS	<b>3900 Kings Hwy #6L</b>
24 CITY-ST-ZIP	<b>BROOKLYN NY 11234</b>
31 TITLE	<b>PRESIDENT &amp; SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>ROBERT RHAU</b>
33 STREET ADDRESS	<b>175 RUE DU CENTRE</b>
34 CITY-ST-ZIP	<b>PORT-AU-PRIN, HAITI</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)