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

DOCUMENT # J22385

EXPRESS CHEMICAL CORP.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90204 030 ***150.00



		14-11m - A dala				Graffe Brûter û	HATE ASALT ATARE
Principal Place of Business Mailing Address							
1900 LIBERTY A MIAMI BEACH I		1900 Liberty Ave. Mami Beach Fl 33139		DO NOT WOITE IN THIS	SOACE		
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/25/1986		
Principal Place of Business Za. Mailing Address					4. FEI Number		Applied For
21 1900 Liberty QUE 26 - SAME					59-2700907		Not Applicable
Suite, Apt. #, etcSuite, Apt. #, etc				5. Certifcate of Status Desired			5 Additional
22 27				_	5. Certificate of Otalias Desired	Fee	e Required
City & State City & State					6. Election Campaign Financing	\$ 5.	00 Мау Ве
23 MIAMI BEACH, F/A 28					Trust Fund Contribution	Ado	led to Fees
Zip Country Zip			Country	Country 8. This corporation owes the current year Intangible		_	
24 3313	9 25	29 30	a		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
EISENBERG, DIANE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
10155 COLLINS AVE, APT. 1209							
BAL HARBOUR FL 33154			83] -		-	
	•		1			- Ioel	Zip Code
			84	City	FI	85	ZIP COUR
11. Purcuant	to the provisions of Sections 607.050	2 and 607:1508: Florida Statutes	-the:above	e named corp	poration submite this statement for the purpose o	f changin	g its registered=
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autr tions of, Section 607.0505, Florid	norized by la Statutes	tne corporati	on's board of directors. I hereby accept the appo	midilent e	is registered
SIGNATURE	Signature, typed or printed name of registered agei	ot and title if applicable (NOTE: R	egistered Ager	nt signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
TITLE	ST	☐ DELETE	1.1 TITLE			Char	nge Addition
NAME	EISENBERG, EDWARD M.		1.2 NAME	Ì			
STREET ADDRESS	10155 COLLINS AVE., APT. 12	ng		TADDRESS		,	
	BAL HARBOUR FL	00	1.4 CITY-S				
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 TITLE			☐ Cha	nge Addition
	!		2.2 NAME				
NAME	EISENBERG, DIANE	v00	1	T 4DDDC00		•	
STREET ADDRESS	10155 COLLINS AVE., APT. 12	ua .		TADDRESS			
CITY-ST-ZIP	BAL HARBOUR FL	DELETE	2.4 CITY-S	ST-ZIP		Cha	nge Addition
TITLE	FIGENIERO COS		3.1 TITLE	\	•		- L. 122.1011
NAME	EISENBERG, ROD	•	3.2 NAME				
STREET ADDRESS	324 20TH STREET		I	TADORESS	•		
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-5	ST-ZIP			ngo [7] Addition
TITLE		☐ DELETE	4.1 TITLE			Cha	nge 🗀 Addition
NAME	ز د مودی برای ا	, , , , , , , , , , , , , , , , , , ,	4. 2 NAME	\			
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP	71		4.4 CITY-S	T-Z/P			
TITLE		☐ DELETE	5.1 TITLE	}		Cha	nge 🗌 Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE	 	☐ DELETE	6.1 TITLE			Cha	nge 🔲 Addition
NAME		=,	6.2 NAME				
	}		1	TADDRESS			
STREET ADDRESS	· .		6.4 CITY-S				
CITY-ST-7IP	I		■ 6.4 CHY+S	11-411			

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: 2

SUMS WILL SUBJECT QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(35) 534 173 | Daylige Phone #