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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K75976

(6)

poration Name			
ERAMERICAN	EXPRESS.	INC.	

## **FILED** May 07 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 2129 W. FLAGLER ST. P.O. BOX 350850 MIAMI FL 33135 US							
				<ol> <li>Date Incorporated or Qualifit</li> <li>03/28/1989</li> </ol>	ed 3a, Da 04/2	te of Last F 26/1996	Report
2. Principal Place of Business	2a. Mailing Address	1		4. FEI Number		<del></del>	oplied For
Suite, Apt #, etc.	26			65-0107014			ot Applicable
22	27	J.		5. Certificate of Status Desired			Additional equired
City & State	City & State			6. Election Campaign Financin	9 <u> </u>		Мау Ве
Zip Country	28 Zip	Cour	ntrv	Trust Fund Contribution	for intermible		to Fees
24 25	29	30	y	This corporation has liability     Florida Statutes		tax under s ] No	199.032,
9, Name and Address of		1201		10, Name and Address of New			
COSIO, FRANCISCO R ESQ			81 Name				
2223 CORAL WAY		}	82 Street Add	Iress (P.O. Box Number is Not Acce	ntable)		
APT. 1704		L		TOTAL TO THE TOTAL PORT OF THE PARTY AND THE	p.2010)	·	
MIAMI FL 33145			83				
		Ì	84 City			<b>85</b> Zip	Code
Our part to the previous of Continue C	07 0000 and 007 1600 Florida 6	Ctati dae the eb	Sup parced out	peration submits this statement for t	FL	changing i	to registered
<ol> <li>Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	e State of Florida. Such change e obligations of, Section 607.050	was authorized 05, Florida Stati	by the corpora	ation's board of directors. I hereby a	ccept the app	ointment as	registerea
SIGNATURE Signature, typed or punted name of regis	ilered agent and title if applicable RS AND DIRECTORS	(NOTE: Registered		ation's board of directors. I hereby a lired when reinstating). ADDITIONS/CHANGES TO O	DATE	DIRECTOR	RS IN 12
SIGNATURE Signature, typed or punted name of regis  12. OFFICE  TITLE PO	tered agent and title if applicable	(NOTE: Registered	Agent signature requ	lred when reinstating)	DATE		
SIGNATURE Signature, typed or punted name of regis  12. OFFICE  THEE PO  NAME VALDES, JOSE E JR	ilered agent and title if applicable RS AND DIRECTORS	(NOTE: Registered 13. E 1.3 TIT 1.2 NA	Agent signature requi	lred when reinstating)	DATE	DIRECTOR	RS IN 12
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