FĮLE	NOW: FILIN	NG FEE AFT	TER MAY 1 IS	\$ \$225.00			
	PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE				
	PORATION JAL REPORT			3. Morthagi 🚅			
	1996			ry of State CORPORATIONS			
		200 #1 (2)					
DOCUN 1. Corporation	MENT # L	.10225	(5)				
URGE	NTE EXPRESS, IN	1C.				à di di di la Rai di)
Principal Place	of Business	٨	Mailing Address			H ABDRADIA 101 ANNA ADRAG HAND HAND	i Bist dioni gibit digit kibit dioni oldit 1689
3900 NW 79TH AVE.			3900 NW 79TH AVE.				
Ouite 225 - Miami FL 33166			SUITE 295 MIAMI FL 33166				
US			US			3. Date Incorporated or Qualified 08/21/1989	3a. Date of Last Report 01/26/1995
2. Principal Pia	ice of Business	2:	a. Mailing Address			4. FEI Number	Applied For
21		26	L			65-0289089	Not Applicable
Scite, Apt #	Svite	204 27	L	ite 204		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State [23]		28	City & State			Election Campalgn Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζηρ [24]	Countr 25	y 29	Zip 	Country 30		8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Addre	ss of Current Regi	stered Agent			10. Name and Address of New Re	egistered Agent
				81 Name			
PEREZ, MICHAEL 3900 NW 79TH AVE. 82 Street Address						s (P.O. Box Number is Not Acceptabl	Svite 204
-SUITE 2				83			
	L 33166			84 City			85 Zip Code
11 Pursuant t	o the provisions of Spoti	ions 607 0502 and 6	07 1508 Florida Statutes	the shove named co	omorati	on submits this statement for the purp	
or redister	ed agent, or both, in the hi, and accept the otage	i State of Florida, Suc	on change was authonze	d by the corporation's	board	of directors. Thereby accept the appo	pose of Granging its registered office pintment as registered agent. I am
SIGNATURE	Ships it are typed to partite known	estantin turno estant acut turn	dayah mai	Fiegistered Agent signature n	en a second and	hou writed the sh	DATE
12.		DELICERS AND DIRE	·	13.	erjureo w	ADDITIONS/CHANGES TO OFFI	
TITLE	P		DELETE	1. 1 TITLE	[······································	Change
NAM}	CERVANTES, RO			. 1.2 NAME			
STREET ADDRESS	3900 NW 79TH A	IVE., STE. 235			390	ONW 79 Ave S	te 204
C-1Y-S1-72 HTUE	MIAMI FL		DELETE	1.4 CITY - ST - 7IP 2 1 TITLE	 -		Change Addition
NAME			_	2.2 NAME			
STREET ADDRESS				2 3 STREET ADDRESS			
Otty St. 7e	-		E3 bully	2.4 CITY_SI-ZIP	-		
Trick Name			DELETE	3 1 TITLE			Change Addition
NAME STREET LADDRESS				3.2 NAME 3.3 STREET ADDRESS			
City St. Zin				3 4 CITY - ST - ZIP			
10°0 F			DELETE	4. 1 TITLE	<u> </u>		☐ Change ☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CHY-SH-7P 1 lif			DELETE	4.4 CHY - ST - ZIP 5.1 TITLE	ļ		Change Addition
NSME				5 2 NAME			C ontaining C T national
STREET ADDRESS				5 3 STREET ADDRESS			
C-14-\$1-7P				5 4 CITY - ST - ZIP	ļ		
TILE			☐ DELETE	6 1 TITLE		40000174 -03/18/96010 ***200.00	759 Manage Addition
NAME ONLY 1 NORTH OF				6.2 NAME		-83/18/96010	23 AAAA (1002)
STREET ADDRESS				6.3 STREET ADDRESS	I	ママネとしし ひし	

CHY 51-2P

14. Lor hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 corp in an attachment with an address.

SIGNATURE:

SIGNATURE A TIPED BAPAINTEO NAME OFFICER OR DIRECTOR

2/15/96 305-715-9408×00