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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L14155

(0)

F & M EXPRESS, INC.

Principal Place of Business Mailing Address 4584 NE 2ND AVENUE 4584 NE 2ND AVENUE MIAMI FL 33137-3430 MIAMI FL 33137 3a. Date of Last Report 3. Date Incorporated or Qualified 04/25/1996 09/07/1989 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 65-0141991 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KAUFMAN, DAVID, S. ESQ 1460 MADRUGA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 302 83 **CORAL GABLES FL 33146** Zip Code 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 (NOTE: Registered Agent signature required when reinstaling) Stgrature typed or printed came of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE THE SAJOUS, FRITZ 1.2 NAME NAME 14740 SW 156TH ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 14 CITY-ST-ZIP CITY-ST-ZIP ___ Addition Change DELETE 2.1 TITLE TITLE SAJOUS, MICHEL NAME 2.2 NAME 14740 SW 156TH ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CiTY-ST-ZIP CITY - \$1 - 7IP Change Addition DELETE 3.1 TITLE THLE 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-ZIP C-TY - ST - ZIP Addition DELETE Change 4.1 TITLE TITLE **4.2 NAME** NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY - ST- ZIF Change Addition DELETE TIME 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CRY-ST-ZF 14. I do 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on ar

ATOUS 2/26/97 301, 576-8343

FILED

Mar 04 1997 8:00am

Secretary of State