


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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L14155** (0)
1. Corporation Name
F & M EXPRESS, INC.



Principal Place of Business 4584 NE 2ND AVENUE MIAMI FL 33137	Mailing Address 4584 NE 2ND AVENUE MIAMI FL 33137
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 159 NE 54th STREET Suite, Apt. #, etc. 22 5 City & State 23 MIAMI, FL Zip 24 33137		2a. Mailing Address 26 159 NE 54th STREET Suite, Apt. #, etc. 27 5 City & State 28 MIAMI, FL Zip 29 33137 Country 30 DADE		3. Date Incorporated or Qualified 09/07/1989	
2. Principal Place of Business 21 159 NE 54th STREET Suite, Apt. #, etc. 22 5 City & State 23 MIAMI, FL Zip 24 33137		2a. Mailing Address 26 159 NE 54th STREET Suite, Apt. #, etc. 27 5 City & State 28 MIAMI, FL Zip 29 33137 Country 30 DADE		4. FEI Number 65-0141991 Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 159 NE 54th STREET Suite, Apt. #, etc. 22 5 City & State 23 MIAMI, FL Zip 24 33137		2a. Mailing Address 26 159 NE 54th STREET Suite, Apt. #, etc. 27 5 City & State 28 MIAMI, FL Zip 29 33137 Country 30 DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 159 NE 54th STREET Suite, Apt. #, etc. 22 5 City & State 23 MIAMI, FL Zip 24 33137		2a. Mailing Address 26 159 NE 54th STREET Suite, Apt. #, etc. 27 5 City & State 28 MIAMI, FL Zip 29 33137 Country 30 DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 159 NE 54th STREET Suite, Apt. #, etc. 22 5 City & State 23 MIAMI, FL Zip 24 33137		2a. Mailing Address 26 159 NE 54th STREET Suite, Apt. #, etc. 27 5 City & State 28 MIAMI, FL Zip 29 33137 Country 30 DADE		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	
9. Name and Address of Current Registered Agent KAUFMAN, DAVID, S. ESO 1460 MADRUGA AVE. SUITE 302 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAJOUS, FRITZ	1.2 NAME	
STREET ADDRESS	14740 SW 156TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAJOUS, MICHEL	2.2 NAME	
STREET ADDRESS	14740 SW 156TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: 

2/23/98 315,758-5455

CR2E034 (10/97)