

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L48483** (6)

1. Corporation Name

HONDURAS EXPRESS MULTI-SERVICES, INC.



Principal Place of Business

**174 E. FLAGLER ST., STE. 503
MIAMI FL 33131**

Mailing Address

**174 E. FLAGLER ST., STE. 503
MIAMI FL 33131**

3. Date Incorporated or Qualified
02/05/1990

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **14 N.E. 1ave**

26 **14 N.E. 1ave**

4. FEI Number
65-0187668

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **406**

27 **406**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Miami, Fl.**

28 **Miami, Fl.**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

24 **33132**

25 **U.S.A.**

29 **33132**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAVENAU, JORGE W
174 E FLAGLER ST H503
MIAMI FL 33131**

81 Name **Raveneau, Jorge W**
82 Street Address (P.O. Box Number is Not Acceptable)
14 N.E. 1ave.
83 **Suite # 406**
84 City **Miami** FL 85 Zip Code **33132**

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 in Block 12 or 13 of this report

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RAVENAU, JORGE W**
STREET ADDRESS **174 E. FLAGLER ST. #503**
CITY-STATE-ZIP **MIAMI FL**

TITLE **TD** ☒ DELETE
NAME **DE RAVENEAU, HAYDEE**
STREET ADDRESS **174 E. FLAGLER ST. #503**
CITY-STATE-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE
NAME **RAVENEAU, SUYAPA**
STREET ADDRESS **174 E. FLAGLER ST. #503**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Raveneau, Jorge W**
1.3 STREET ADDRESS **14 N.E. 1ave # 406**
1.4 CITY-STATE-ZIP **Miami, Fl. 33132**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **RAVENEAU, SUYAPA**
3.3 STREET ADDRESS **14 N.E. 1st AVE # 406**
3.4 CITY-STATE-ZIP **MIAMI, FL 33132**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

Suyapa H. Ravenau W
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (303) 371-6026
Date Daytime Phone #

CR2E034 (12/95)