	 			19		Eii f	7 1 1		
DOCU!	MENT # L512 9	94				FILE			
SUPER EXPRESS DISTRIBUTION, INC.					03 SEP 25				
Principal Plac	e of Business	-	g Address	WE WE		SECRETARY FALLAHASSES	OF STATE		
13320 SW 103 MIAMI FL 331			SW 103 AVENUE I FL 33176				,		
US	•	US			ļ				
	face of Business S.W. 90 AJE	3. Maili	ing Address	63636		E 	1 1 		
Suite, Apt.		Suite	e, Apt. #, etc.	<u>-</u>		CHECK	HERE IF MAKIN	IG CHANGES	
City & Stat		City	& State AMI Flo	A	4. F	El Number 65-01	89214	<u> </u>	plied For t Applicable
33/C	Country	Zip 33	11(-363	Country USA	5. (Certificate of Status D	esired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registere	d Agent	Name	7. N	lame and Address o	f New Registered	l Agent	
GOMEZ GERARDO					drace (BO B	au Niumbar in Nat Ass	antabla)		
11520 SW	/ 100 ST			Sireet Add	Tiess (P.O. b	ox Number is Not Acc	septable)		
	76TH TERRACE								
MIAMI FL	33173			City			F	L Zip Code	9
	named entity submits this statement for ions of registered agent.	or the purpo	ose of changing its re	gistered office or re	egistered ag	ent, or both, in the Sta	ate of Florida. I an	n familiar with, a	and accept
	ions of registered agent.								and accept
the obligat	ions of registered agent. Signature, typed or printed name of registered agent			egistered office or re			ate of Florida. I an		and accept
the obligat SIGNATURE . F After Se	ions of registered agent.	t and title if appl					DATE Daign Financing	\$5.0	O May Be
the obligat SIGNATURE F After Se Make Check	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00	t and title if appl 0.00 of State	licable. (NOTE: F		required when re	instating) 9. Election Camp	DATE Daign Financing ntribution.	≸5.0 Added	0 May Be to Fees
the obligation the obligation of the obligation	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 (Payable to Florida Department of OFFICERS AND	t and title if appl 0.00 of State	licable. (NOTE: F	Registered Agent signature 11. TITLE	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.0 Added	0 May Be to Fees
the obligated th	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	ilicable. (NOTE: F	Registered Agent signature	required when re	instating) 9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.0 Added	O May Be to Fees
the obligated the obligated signature. FAfter Selection of the selection	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 C Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO	t and title if appl 0.00 of State	RS Delete	Registered Agent signature 11. TITLE NAME STREET ADDRESS	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.0 Added	O May Be to Fees
the obligated the obligated signature. FAfter Seignake Check 10. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	ilicable. (NOTE: F	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change Change 109 **155.0	O May Be to Fees SIN 11
the obligated the obligated signature. FAfter Seignake Check 10. IIITLE NAME STREET ADDRESS DITY-ST-ZIP IITLE VAME STREET ADDRESS	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete	Registered Agent signature 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change Change 109 **155.0	O May Be to Fees SIN 11
the obligated the obligated signature. FAfter Sel Make Check 10. ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change Change 109 **155.0	O May Be to Fees SIN 11
the obligate the o	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.0 Added ND DIRECTORS Change **155.0	O May Be to Fees S IN 11 Addition Addition
the obligate the o	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.0 Added ND DIRECTORS Change **155.0	O May Be to Fees S IN 11 Addition Addition
the obligate the o	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.0 Added ND DIRECTORS Change **155.0	O May Be to Fees S IN 11 Addition Addition
the obligate the o	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change **155.0	O May Be to Fees SIN 11 Addition Addition
THE OBLIGATION TO THE CONTROL OF THE	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change **155.0	O May Be to Fees SIN 11 Addition Addition
the obligate the obligate signature. FAfter Sei Make Check 10. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change **155.0	O May Be to Fees SIN 11 Addition Addition
the obligated th	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change **155.0 Change	O May Be to Fees S IN 11 Addition Addition Addition
THE ODDIGATE FAfter Sei Make Check 10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change **155.0 Change	O May Be to Fees S IN 11 Addition Addition Addition
The obligate the o	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete Delete Delete Delete	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change **155.0 Change	O May Be to Fees S IN 11 Addition Addition Addition
The obligate the o	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of OFFICERS AND PD GOMEZ, GERARDO 8805 SW 76 TERRACE	t and title if appl 0.00 of State	RS Delete Delete Delete Delete Delete	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	required when re	9. Election Camp Trust Fund Co	DATE Daign Financing ntribution.	\$5.00 Added ND DIRECTORS Change ***155.00 Change Change	O May Be to Fees SIN 11 Addition Addition Addition Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 true elempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUSCO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

962/03 (305)333-8479

CR2F034 (2

September 23, 2003.

FloriDA DEPARTMENT OF STATE VIVISION OF CORPORATIONS SECRETARY OF STATE. GLENDALE. HOOD.

-VEAR SIRS!-

PLEASE BE ADVISE THAT DUE TO THE
FACT THAT THE U.S. POST OFFICE FAI!
TO FOLLOW MY INSTRUCTIONS TO CHANGE
MY FORWARDING ADDRESS THIS YEAR, I
DID NOT RECEIVED THE DOOD UNIFORM
BUSINESS REPORT UNTIL I CAME BACK FROM
A BUSINESS TRIP, LAST MONDAY SEP 22 2003.
THEREFORE I WILL LIKE TO REQUEST
ADVATEMENT OF PENALTY
LOOKING FORWARD FOR YOUR
UNDERSTANDING AND CONSIDERATION FOR
THIS MATER.

BEST RECARD.

JUNI
SOPEREXPRESS DIST.

FETT #65-0189214