CORPORATION ANNUAL REPORT 1994/1995

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

APPROVED AND FILED

95 MAY -1 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/17/95--01020--010
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

1. Corporation Name

MARCO POLO EXPRESS, INC.

DOCUMENT # M13897

Mailing Address
2924 Day Avenue, #115
Coconut Grove, FL 33133

Principal Place of Business
2924 Day Avenue, #115
Coconut Grove, FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 4/12/85
3a. Date of Last Report: 5/31/94

4. FEI Number: 59-2571103 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired $8.75 ☐

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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

Corporation Company of Miami
201 S. Biscayne Blvd.
1600 Miami Center
Miami, FL 33131

10. Name and Address of New Registered Agent

01 Name: John L. Dent
02 Street Address (P.O. Box Number is Not Acceptable): 2924 Day Avenue, #115
03
04 City: Coconut Grove FL 05 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: J. L. Dent
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)
DATE: 4/18/95

12. OFFICERS AND DIRECTORS

1.1 TITLE	President/Director
1.2 NAME	ANA ISABEL D'AGORD
1.3 STREET ADDRESS	9445 N.W. 54 Doral Terrace
1.4 CITY-ST-ZIP	Miami, FL 33178
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR
1.2 NAME	John L. Dent
1.3 STREET ADDRESS	2924 Day Avenue, #115
1.4 CITY-ST-ZIP	Coconut Grove, FL 33133
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	4/18/95
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	5-12-95
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. L. Dent — 4/18/95 — 305-443-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Marco Polo Express, Inc.

1b. Date of incorporation April 12, 1985 Document number M13897

2. The name and address of the current registered agent and office:

Corporation Company of Miami, 1500 Miami Center, 201 S. Biscayne Boulevard, Miami, Florida 33131

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

JOHN L. DENT

2924 DAY AVENUE, #115, COCONUT GROVE, FL. 33133

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE

10/24/87
DATE

LAWRENCE BUNIN - SECRETARY
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____
(Registered Agent)

DATE 10/24/87

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: $35.00