

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M44199** (1)

1. Corporation Name

FAR EAST EXPRESS OF MIAMI, INC.



Principal Place of Business

Mailing Address

**1550 NW 82 TERRACE
P. O. BOX 170236
PEMBROKE PINES FL 33029
US**

**1550 NW 182 TERRACE
PEMBROKE PINES FL 33029
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/31/1986

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2749489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of ~~Current~~ Registered Agent

**MCAFFEE, MARGUERITA
19228 EAST LAKE DRIVE
HALEAH FL 33015**

81. Name

MCAFFEE MARGUERITE

82. Street Address (P.O. Box Number is Not Acceptable)

1550 N.W. 182 TERRACE

83.

84. City

PEMBROKE PINES,

FL

85.

**Zip Code
33029**

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 (if different from above)

Signature typed or printed name of registered agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**D
MARGUERITE, MCAFFEE**
STREET ADDRESS
1550 NW 182 TERRACE
CITY- ST- ZIP
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
**DS
MCAFFEE, TIMOTHY W.**
STREET ADDRESS
1550 NW 182 TERRACE
CITY- ST- ZIP
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
**DP
MCAFFEE, WM. G.**
STREET ADDRESS
1550 NW 182 TERRACE
CITY- ST- ZIP
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGUERITE MCAFFEE 3-27-96

Date

954-430-6792

Daytime Phone #

CR2E034 (12/95)