2008 FOR PROFIT CORPORATION

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ANNUAL REPORT				Feb 11, 2008 08:00		
DOCUMENT # M44759 1. Entity Name U.S. EXPRESS INTERNATIONAL, INC.				Secretary of Sta		
9 AVE.	P.O. BOX 521293		· · · · · · · · · · · · · · · · · · ·			
		CE	02082008 4. FEI Numb 59-275	No Chg-P er 54973	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
OMBIE ACCOUNTIN SERVICES 1117 AVE 33177		ed office or regis	IN .	THIS SPA	ACE	
Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		naing _	5.00 May Be		DATE	
OFFICERS AND DIRE P DE LEON, RAUL, 1621 N.W. 79 AVE MIAMI, FL 33126 VP CUADROS, VICENTE 1621 N.W. 79 AVE MIAMI, FL 33126	L CTORS			NOT WI		
	MENT # M44759 RESS INTERNATIONAL, INC. e of Business 9 AVE. 3126 US ONOT WRITE II 6. Name and Address of Current Region MBIE ACCOUNTIN SERVICES 117 AVE 33177 named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIRE P DE LEON, RAUL 1621 N.W. 79 AVE MIAMI, FL 33126 VP CUADROS, VICENTE 1621 N.W. 79 AVE MIAMI, FL 33126	MENT # M44759 RESS INTERNATIONAL, INC. e of Business 9 AVE. 9.0. BOX 521293 MIAMI, FL 33152 BONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent DMBIE ACCOUNTIN SERVICES 117 AVE 33177 named entity submits this statement for the purpose of changing its register ions of registered agent. Signature, typed or panted name of registered agent and tille of eppilicable (NOTE: Registered by 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS P DE LEON, RAUL 1621 N.W. 79 AVE MIAMI, FL 33126 VP CUADROS, VICENTE 1621 N.W. 79 AVE MIAMI, FL 33126	MENT # M44759 RESS INTERNATIONAL, INC. e of Business 9 AVE. 9.0. BOX 521293 MIAMI, FL 33152 US PO NOT WRITE IN THIS SPACE 8. Name and Address of Current Registered Agent MBIE ACCOUNTIN SERVICES 117 AVE 33177 named entity submits this statement for the purpose of changing its registered office or registered agent. Signature, typed or pented name of registered agent and title of applicable E NOWILL FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS P DE LEON, RAUL 1621 N.W. 79 AVE MIAMI, FL 33126 VP CUADROS, VICENTE 1621 N.W. 79 AVE MIAMI, FL 33126	MENT # M44759 PRESS INTERNATIONAL, INC. PO Business 9 AVE. P. O. BOX 521293 MIAMI, FL 33152 DO NOT WRITE IN THIS SPACE A. FEI Numb 59-275 5. Certificate DO NOT WRITE IN THIS SPACE A. FEI Numb 59-275 5. Certificate DO IN MBIE ACCOUNTIN SERVICES 117 AVE 33177 Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or busins of registered agent. Provided to the purpose of changing its registered office or registered agent, or busins of registered agent. Signature, types or pertudiname of registered agent and tile deppitable Provided to Fees Provided t	MENT # M44759 RESS INTERNATIONAL, INC. a of Business 9 AVE. P.O. BOX 521293 MIAMI, FL 33152 US PO NOT WRITE IN THIS SPACE 10 ONOT WRITE IN THIS SPACE 10 ONOT WRITE IN THIS SPACE 10 ONOT WRITE IN THIS SPACE 11 FEI Number 59-2754973 5. Certificate of Status Desired 11 AVE 11 AVE 13 3177 DO NOT WINTHIS SPACE 12 DO NOT WINTHIS SPACE 13 THIS SPACE 14 FEI Number 59-2754973 5. Certificate of Status Desired 17 AVE 18 THIS SPACE 19 Purpose of changing its registered office or registered agent, or both, in the State of Portions of registered agent. 18 Spreasure, types or briefed harms of registered agent and file if applicable 19 Purpose of Desired harms of registered agent and file if applicable 10 Purpose of Desired harms of registered agent and file if applicable 10 Purpose of Desired harms of registered agent and file if applicable 10 Purpose of Desired harms of registered agent and file if applicable 10 Purpose of Desired harms of registered agent and file if applicable 11 Purpose of Desired harms of registered agent and file if applicable 12 Purpose of Desired harms of registered agent and file if applicable 13 Purpose of Desired harms of registered agent and file if applicable 14 Purpose of Desired harms of registered agent and file if applicable 15 Purpose of Desired harms of registered agent and file if applicable 16 Purpose of Desired harms of registered agent and file if applicable 17 Purpose of Desired harms of registered agent and file if applicable 18 Purpose of Desired harms of registered agent and file if applicable 18 Purpose of Desired harms of registered agent and file if applicable 18 Purpose of Desired harms of registered agent and file if applicable 18 Purpose of Desired harms o	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered 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: 4

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO