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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # M78123

(0)

EXPRESS MARKETING, INC.					
Principal Place	of Business	Mailing Address			DA OTRA BADAN BADAN BADAN DADAN DADAN DABAN MADA
8201 NW 66ST SUITE 5		7403 SW 127 PLACE MIAMI FL 33183			
MIAMI FL 33* US	186	US		3. Date Incorporated or Qualified	3a. Date of Last Report
US				04/21/1988	03/20/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0082712	Not Applicable  \$8.75 Additional
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City 8 State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zφ	Country	8. This corporation has liability for	
24	25	29	30		No
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New F	tegistered Agent
PORTELA, JR., RENE			82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
8201 N.W. 66 STREET SUITE #5			83		
MIAMI F	L 33166				85 Zip Code
			84 City		FL 85 Zip Code
SIGNATURE	Signature typed or printed hand of regions. La jor	ransertas são international in	Us. Po ga ter al Apert sip at an empres		ciáls FICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1 1 TITLE		Change Addition
NAME	PORTELA, RENE JR.		1.2 NAME		
STREET ADDRESS	7403 S.W. 127 PLACE		1.3 STREET ADDRESS 1.4 CHY+ST-ZIP		
CITY-ST-ZIP TITLE	VTD	☐ DELETE	2 1 Tifus		Change Addition
NAME	PORTELA, RENE SR.		2.2 NAMÉ		
STREET ADDRESS	2810 S.W. 92ND PLACE		2.3 STREET ADDRESS		
CITY - ST - 21P	MIAMI FL		24 CHY SI-ZIF		
TOTLE		☐ DELETE	3 1 THTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4 CITY - S1 - 7-P		Change Addition
TITLE					
NAME STREET ADDRESS			4.3 NAME 4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY ST-2IP		
TITLE		☐ CELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STHEFT ADDRESS		
CITY - ST - ZIP			5 4 C(1Y - ST - ZIP		
TITLE		DELETE	6 1 T TuE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
P(TV+ST+7)P	I		6.4 CITY - S1 - 7(P)		

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualfy for the exemption stated in Section 119 07(3)(b). Florida Statutes. I further certify that the information indicated on this ancur, report or supplemental angual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if charged, or an an attachment with an address.

\*\*Rever Port Class\*\*

SIGNATURE: VEV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

14/80/96 30-193086D

;R2E034 (12/95)