## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M78123

(0)

EXPRESS MARKETING, INC.

FILED
May 28 1997 8:00am
Secretary of State

|--|

<ul> <li>Principal Place</li> </ul>	e of Business	Mailing Address					liter mikir mi	VII BINII BIBII	/ WINII 1001
8201 NW 66ST	•	7403 SW 127 PLACE							
SUITE 5 MIAMI FL 3316	<b>N</b> F	MIAMI FL 33183-3433 US							
US	~					3. Date Incorporated or Qualified 04/21/1988		e of Last R	Report
2. Principal Pt	lace of Business	2a. Mailing Address	***************************************			4. FEI Number	L	Aı	pplied For
21		26				65-0082712			ot Applicable
Suitc, Apt 1	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State 23	G	City & State	•			Election Campaign Financing     Trust Fund Contribution		7	May Be to Fees
Zφ	Country	Zip	Cox	untry		8. This corporation has liability for in			199.032
24	25	29	30	·				No	
	9. Name and Address of Curr	ent Registered Agent	·	-		10. Name and Address of New Reg	istered A	gent	
	RTELA, JR., RENE			81	Name				
	1 N.W. 66 STREET SUITE #5 MI FL 33166			82	Street Addr	ess (P.O. Box Number is Not Acceptabl	θ)		
				83					
				84	Crty		<b></b>	<b>85</b> Zip	Code
						poration submits this statement for the pu	FL	<u> </u>	
agent. ‡ar SIGNATURI	of familiar with, and accept the obli-	gations of, Section 607.0505	, Florida Stal	tutes	S.	ion's board of directors. I hereby accept	DATE	<del></del>	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
THE	PSD	☐ DELETE	1.1 ] (	ITLE			İ	Change	Addition
NAME	PORTELA, RENE JR.		1.2 N	IAME	İ				
STREET ADDRESS	7403 S.W. 127 PLACE		1.3 \$	TREET	ADDRESS				
CITY S1-ZIP	MIAMI FL		1.4 C	ITY-S	IT-ZIP				
TILE	VTD	DELETE	2.1 T	ITLE				☐ Change	Addilion
NAVE	PORTELA, RENE SR.		2.2 N	IAME					
STREET ADDRESS	2810 S.W. 92ND PLACE								
			2.3 \$	TAEET	ADDRESS				•
Q-131-\$1-20P	MIAMI FL				ADDRESS ST-ZIP			-	
	MIAMI FL	☐ DELETE		CITY-5				Change	Addition
	MIAMI FL	☐ DELETE	2 4 C 3 1 TI 3 2 N	CITY-5 ITLE IAME	ST-ZIP		<del> </del>	Change	Addition
TOLE	MIAMI FL	☐ DELETE	2 4 C 3 1 TI 3.2 N 3.3 S	CITY-S ITLE IAME ITREET	ST-ZIP ADDRESS		· · · · · · · · · · · · · · · · · · ·	Change	Addition
THEE NAME STREET ASIDRESS CITY ST-ZIP	MIAMI FL	-	2 4 0 3 1 11 3 2 N 3 3 S 3 4 C	CITY-S ITLE IAME STREET CITY-S	ST-ZIP				
THEF NAME STREET ANDRESS DITY ST-ZIP THEE	MIAMI FL	☐ DELETE	2 4 C 3 1 Ti 3 2 N 3 3 S 3 4 C 4 1 Ti	CITY-S ITLE IAME STREET CITY-S ITLE	ST-ZIP ADDRESS			☐ Change	
THE NAME STHEFF ADDRESS ( CITY ST-7/P THEE NAME	MIAMI FL	-	2 4 C 3 1 Ti 3 2 N 3 3 S 3 4 C 4 1 Ti 4 2 N	CITY-S ITLE IAME STREET CITY-S ITLE NAME	ST-ZIP ADDRESS ST-ZIP				Addition
THE NAME STREET ACRORESS DITY ST-7/P THE NAME STREET ACCRESS	MIAMI FL	-	2 4 C 3 1 TI 3 2 N 3 3 S 3 4 C 4 1 TI 4 2 N 4 3 S	CITY-S ITLE IAME STREET CITY-S ITLE NAME STREET	ADDRESS ST-ZIP ADDRESS ADDRESS				
THE NAME STHEEL ACHRESS CITY ST-ZIP THEE NAME STREEL ACHRESS CITY-ST-ZIP	MIAMI FL	☐ DELETE	2 4 C 3 1 Ti 3 2 N 3 3 S 3 4 C 4 1 Ti 4 2 N 4 3 S 4 4 G	CITY-S ITLE IAME STREET CITY-S ITLE NAME STREET STREET	ST-ZIP ADDRESS ST-ZIP			☐ Change	Addition
THE NAME STREET ADRESS OUTY ST-ZPP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE	MIAMI FL	-	2 4 C 3 1 TI 3 2 N 3 3 S 3 4 C 4 1 TI 4 2 N 4 3 S 4 4 C 5 1 TI	CITY-S ITLE IAME STREET CITY-S ITLE NAME STREET STY-S	ADDRESS ST-ZIP ADDRESS ADDRESS				
THE NAME SHEEL ADDRESS CHY SLIZE THEE NAME SIBSEL ADDRESS CHY-SLIZE NAME	MIAMI FL	☐ DELETE	2 4 C 3 1 TI 3 2 N 3 3 S 3 4 C 4 1 TI 4 2 N 4 3 S 4 4 C 5 1 TI 5 2 N	CITY-S ITLE STREET CITY-S ITLE NAME STREET STREET STLE LAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP			☐ Change	Addition
THE NAME SHEEL ADDRESS CHY SLIZE THEE NAME SIBSEL ADDRESS CHY-SLIZE NAME	MIAMI FL	☐ DELETE	2 4 C 3 1 Ti 3 2 N 3 3 S 3 4 C 4 1 Ti 4 2 N 4 3 S 4 4 G 5 1 Ti 5 2 N 5 3 S	CITY-S ITLE ITAME ITAME ITAME ITTLE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS			☐ Change	Addition
THE NAME STREET ADDRESS CITY ST-72P THE NAME STREET ADDRESS CITY-ST-72P THE NAME STREET ADDRESS CITY-ST-72P THE STREET ADDRESS CITY-ST-72P	MAMI FL	☐ DELETE	2 4 C 3 1 Ti 3 2 N 3 3 S 3 4 C 4 1 Ti 4 2 N 4 3 S 4 4 G 5 1 Ti 5 2 N 5 3 S	CITY-S ITLE IAME ITREET CITY-S ITLE NAME STREET STREET AME CITY-S CITY-S CITY-S	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP			☐ Change	Addition
STREET ADDRESS  DITY ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  C TY-ST-ZIP  TITLE  TOTE	MAMI FL	☐ DELETE	2 4 C 31 TI 32 N 33 S 34 C 41 TI 4 2 N 43 S 44 G 51 TI 52 N 53 S 54 C 61 TI	CITY-S ITLE  JAME STREET CITY-S ITLE NAME STREET STY-S ITLE JAME TOTTE LAME TOTTE OTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOT	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS			☐ Change	Addition
TOLE NAME STREET ADDRESS DITY ST-7/P TITLE NAME STREET ADDRESS COTY-ST-7/P TITLE NAME STREET ADDRESS C TY-ST-7/P	MAMI FL	☐ DELETE	2 4 C 3 1 Ti 3 2 N 3 3 S 3 4 C 4 1 Ti 4 2 N 4 3 S 4 4 G 5 1 Ti 5 2 N 5 3 S	CITY-S ITLE  JAME STREET CITY-S ITLE NAME STREET STY-S ITLE JAME TOTTE LAME TOTTE OTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOTTE TOT	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS			☐ Change	Addition
TOLE NAME STREEL ADDRESS OTY ST-7/P TITLE NAME STREEL ADDRESS ONY-ST-7/P TITLE NAME STREEL ADDRESS OTY-ST-7/P TITLE NAME STREEL ADDRESS OTY-ST-7/P TITLE NAME	MIAMI FL	☐ DELETE	2 4 C 31 Ti 32 N 33 S 34 C 41 Ti 4 2 N 43 S 44 C 51 Ti 52 N 53 S 54 C 61 Ti 62 N	CITY-S ITLE IAME ITREET CITY-S ITLE INAME STREET STREET IAME STREET STREET STREET IAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS			☐ Change	Addition

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 2 or Block 3 if changed, or open attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

897

(305)593-0860