FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004774 (6)**

1. Corporation Name

MINORITIES EXPRESSION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6303 S.W. 144 COURT MIAMI FL 33183	6303 S.W. 144 COURT MIAMI FL 33183

3. Date Incorporated or Qualified: **10/18/1993**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0454655** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc (22):

Suite, Apt. #, etc (27):

City & State (23):

City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

MANTILLA, RAQUEL P
8378 NW 58 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MANTILLA, RAQUEL P	12 NAME	
STREET ADDRESS	8378 NW 58 STREET	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ROMERO, ALFONSO	22 NAME	
STREET ADDRESS	1027 EUCLID AVENUE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	ROMERO, FERNANDO	32 NAME	
STREET ADDRESS	4700 NW 7TH STREET	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/26/95 305-477-5887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046045