2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P01000046117 1. Entity Name XPRESS-WAY, CORP.				Secretary of State 02-07-2002 90033 004 ***150.00
Principal Place of Business 1155 BRICKELL BAY DRIVE SUITE 1605 MIAMI FL 33131		Mailing Address 1155 BRICKELL BAY DRIVE SUITE 1605 MIAMI FL 33131		B001822.
2. Principal Place of Business		3. Mailing Address		110011000 (11) 00000 (2001 0011) 00111 00111 00111 00111 01111 1111 1111 1111 1111 1111
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
		*	Name	
TASCON, TATIANA 2160 BAY DRIVE #12			Street A	t Address (P.O. Box Number is Not Acceptable)
	ACH FL 33141		City	FL Zip Code
Tax filing (See crite 11. TITLE NAME	oration is eligible to satisfy its Intangible requirement and elects to do so. oria on back) OFFICERS AND TOVAR, IVAN	After May 1, 200 Make Check Payab	12. TITLE NAME	S550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Addition Change Addition Addition TOURS AND DE #1605
STREET ADDRESS CITY-ST-ZIP	2160 BAY DRIVE #12 MIAMI BEACH FL 33141		STREET ADDRESS CITY-ST-ZIP	MIDUI FL 33131
NAME STREET ADDRESS CITY-ST-ZIP	VDTASCON, TATIANA 2160 BAY DRIVE #12 MIAMI BEACH FL 33141	Delete	NAME STREET ADDRESS CITY-ST-ZIP	TASCON, TATIONA TASCON, TATIONA S 1156 BRICKEL BOY DR #1605 UIAHI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition :- S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
13. I hereby indicated of the corchanged	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee en the , or on an attachment with an address.	this filing does not qualify for flue and accurate and that m wered to execute this report with all other like empowered.	the exemption sta ny signature shall h as required by Cha	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if have the same legal effect as if made under oath; that I am an officer or director chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if