


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90131 027 \*\*\*150.00

<b>DOCUMENT #</b> P01000046117	
<b>1. Entity Name</b> XPRESS-WAY, CORP.	

<b>Principal Place of Business</b> 1155 BRICKELL BAY DRIVE SUITE 1605 MIAMI FL 33131	<b>Mailing Address</b> 1155 BRICKELL BAY DRIVE SUITE 1605 MIAMI FL 33131
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<b>2. Principal Place of Business</b> 801 BRICKEL KEY BLVD Suite, Apt. #, etc. 1902 City & State MIAMI FL. Zip 33131	<b>3. Mailing Address</b> 801 BRICKEL KEY BLVD Suite, Apt. #, etc. 1902 City & State MIAMI FL. Zip 33131
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-7001368	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> TASCON, TATIANA 2160 BAY DRIVE #12 MIAMI BEACH FL 33141	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PTD <input type="checkbox"/> Delete	<b>NAME</b> TOVAR, IVAN	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 801 BRICKELL KEY BLVD #1902
<b>STREET ADDRESS</b> 1155 BRICKELL BAY DRIVE STE 1605	<b>CITY-ST-ZIP</b> MIAMI FL 33131	<b>STREET ADDRESS</b> 801 BRICKEL KEY BLVD #1902	<b>CITY-ST-ZIP</b> MIAMI FL 33131
<b>TITLE</b> VD <input type="checkbox"/> Delete	<b>NAME</b> TASCON, TATIANA	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 801 BRICKEL KEY BLVD #1902
<b>STREET ADDRESS</b> 1155 BRICKELL BAY 1605	<b>CITY-ST-ZIP</b> MIAMI BEACH FL 33141	<b>STREET ADDRESS</b> 801 BRICKEL KEY BLVD #1902	<b>CITY-ST-ZIP</b> MIAMI FL 33131
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**12.** I 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 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 addressee, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED IVAN TOVAR (President) (1-30-03)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)