

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-03-2003 90132 024 ***150.00

DOCUMENT # P01000107817

1. Entity Name
CORONA EXPRESS, INC.

JULI 2000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10637 N. Kendall Drive Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.		4. FEI Number 59-3757840		Applied For Not Applicable	
City & State Suite 7-B Miami, Florida		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33176	Country US	Zip	Country				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PEDRO L. MORENO
Street Address (P.O. Box Number is Not Acceptable)
5801 SW 13 Terrace
City **Miami** FL Zip Code **33144**

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.

SIGNATURE _____ DATE **11/08/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	President and Director Alvaro Giraldo 10637 N. Kendall Drive, #7-B Miami, FL 33176	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice-president and Director Pedro L. Moreno 5801 SW 13 Terrace Miami, FL 33144	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director Gloria Lucy Gonzales 10637 N. Kendall Drive, #7-B Miami, FL 33176	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director Oscar Garcia 10637 N. Kendall Drive, #7-B Miami, FL 33176	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other fee empowered.

SIGNATURE:  **President, ALVARO GIRALDO**

Date: **11/8/02**

ALVARO GIRALDO

CR2E034B (12/01)