

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300001835 1. Corporation Name

A.B. EXPRESS INC.

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90130 044 \*\*\*150.00

Principal Place	of Business	Mailing Address			,
5430 NW 1,75TH	STREET	PO BOX,8284			1
CAROL CITY FL 33055		HIALEAH FL 35012		DO NOT WRITE IN THIS SPACE	
US / \				3. Date Incorporated or Qualified	
, i				3. Date incorporated of Qualified	
		D. Mailing Address		4. FEI Number	Applied For
2. Principal Pl	ace of Business NW 1725T	2a. Mailing Address 26 /5476 NW	77 <sup>cF</sup>	65-0380563	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc. 264	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<del></del>	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAN	- E	28 MIBMI 7	<u>-</u>	Trust Fund Contribution	Added to Fees
Zip 2201	Country  S USA	29 33016 30	Country	This corporation owes the current year Intan- Personal Property Tax.	gible KYes □No
24 3001-	<u> 1531</u>		10271	10. Name and Address of New Registered Ag	
	9. Name and Address of Current	Registered Agent	81 Name	IV. Italie alto pagrood of them trogletored rig	
BOR	GES, ARMANDO			<del></del>	
2784 W. 70TH PLACE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HIAL	EAH FL 33016		83	<del></del>	
				·	
			84 City	· FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-named corp	poration submits this statement for the purpose of ch	anging its registered
l office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such change was autho	orized by the corporati	on's board of directors. I hereby accept the appointment	nent as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	[	☐ Change ☐ Addition ☐
NAME	BORGES, ARMANDO		1.2 NAME		<u>\$</u>
STREET ADDRESS	5430 NW 175TH STREET		1.3 STREET ADDRESS		🖳
CITY-ST-ZIP	CAROL CITY FL 33055		1.4 CITY-ST-ZIP		DIRECTORS IN 12 Change Addition Addition
TITLE	VST - 24, 5	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ☐
-NAME	SIMPSON, NELSON		2.2 NAME		
STREET ADDRESS	7890 N.W. 172ND STREET		2.3 STREET ADDRESS		ł
CITY-ST-ZIP	MIAMI FL 33015		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP;			3.A. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	·	:	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	1	☐ Change ☐ Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	······································	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		Ì
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZiP		

14. 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 annual report or supplemental annual period 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 ectever or trust elegable effect as if made under oath; that I am an officer or director of the corporation or the ectever of trust elegable effect as if made under oath; that I am an officer or director of the corporation or the ectever of trust elegable effect as if made under oath; that I am an officer or director of the corporation or the ectever of the corporation or the ectever of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 ectivation of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 exemption indicated on this 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 exemption indicated on this 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 exemption indicated on this annual report is true and accurate and the exemption of the e

SIGNATURE: