FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030094 (5)**

1. Corporation Name
EXPRESO 24 (MIAMI), INC.

Principal Place of Business	Mailing Address
ATTN: CARLOS M. VALVERDE 1331 SW 82ND AVE., #1921 PLANTATION FL 33324	ATTN: CARLOS M. VALVERDE 1331 SW 82ND AVE., #1921 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 11/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26 7801 NW 37 TH Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Interlink 150
City & State 23	City & State 28 MIAMI
Zip 24 / Country 25	Zip 29 331 66-6559 / Country 30 U.S.A.

4. FEI Number: 65-0401108 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORNEJO, GUSTAVO 1331 SW 82ND AVE., #1921 PLANTATION FL 33324	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: Gustavo Cornejo GUSTAVO CORNEJO 01-17-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name/address) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	VALVERDE, CARLOS L	12 NAME	
STREET ADDRESS	1331 SW 82ND AVE., #1921	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33324	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	VALVERDE, ADRIAN A	22 NAME	
STREET ADDRESS	1331 SW 82ND AVE., #1921	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33324	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	VALVERDE, CARLOS M	32 NAME	
STREET ADDRESS	1331 SW 82ND AVE., #1921	33 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33324	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	VALVERDE, MARIA L	42 NAME	
STREET ADDRESS	1331 SW 82ND AVE., #1921	43 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33324	44 CITY ST ZIP	
TITLE	DT	51 TITLE	☑ Change ☐ Addition
NAME	DE VALVERDE, LYJIA R	52 NAME	DT DE VALVERDE, LIGIA R.
STREET ADDRESS	1331 SW 82ND AVE., #1921	53 STREET ADDRESS	SAME
CITY ST ZIP	PLANTATION FL 33324	54 CITY ST ZIP	SAME
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CARLOS M. VALVERDE JAN 27, 1995 (305) 423-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone number

0933008 CP