

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000036754 (8)

1. Corporation Name

EXPRESSWAY, INC.



Principal Place of Business

**2142 NW 20TH STREET
UNIT 2
MIAMI FL 33142**

Mailing Address

**2142 NW 20TH STREET
UNIT 2
MIAMI FL 33142**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/18/1993

3a. Date of Last Report

04/04/1995

4. FEI Number

65-0410999

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

10. Name and Address of New Registered Agent

**ISSA, ESPER F
2142 NW 20TH STREET
UNIT 2
MIAMI FL 33142**

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 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME DP 12.2 NAME ISSA, ESPER F 12.3 STREET ADDRESS 2142 NW 20TH STREET, UNIT 2 12.4 CITY-STATE-ZIP MIAMI FL 12.5 TITLE VD 12.6 NAME ISSA, ELIE 12.7 STREET ADDRESS C/O 2142 NW 20TH ST., UNIT 2 12.8 CITY-STATE-ZIP MIAMI FL 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-STATE-ZIP 12.16 NAME 12.17 STREET ADDRESS 12.18 CITY-STATE-ZIP 12.19 NAME 12.20 STREET ADDRESS 12.21 CITY-STATE-ZIP	13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE ☐ Change ☐ Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE ☐ Change ☐ Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE ☐ Change ☐ Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE ☐ Change ☐ Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP 13.21 TITLE ☐ Change ☐ Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-STATE-ZIP

14. I 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)(b), 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, on an annual report with an address.

SIGNATURE:

Elie Issa
ELIE ISSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96
305-224-7030
DATE PHONE

CR2E034 (12/95)