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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996 DIVISION OF CORPORATIONS								
1. Corporatio	MENT # P93(n Name DN EXPRESS, INC. "UNE)		64465 (6	3)					
UNIC	IN EAFRESS, INC. "UNE	Α"						() 28(() 88(() 81() HONE () 10()	A r a lu d a dar a ra
Principal Place	o of Business	м	ailing Address						
7311 N.W. 12TH STREET			7311 N.W. 12TH STREET						
SUITE 11 Miami Fl 33126			SUITE 11						
US	33120		MIAMI FL 33126 US				3. Date Incorporated or Qualified	3a. Date of Las Rep	oort
2. Principal Pl	ace of Business	28	Mailing Address				09/13/1993 4. FEI Number	05/31/19	
21		26	Maining Address				65-0445747		oplied For ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
Crty & State	9	27	City & State					Fee Re	equired
23		28	Ony a State				Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be
Zip	Country		Zip		country		8. This corporation has liability for in		
24	9. Name and Address of Cur	rent Regis	lered Agent	30			Florida Statutes Yes	□ No	
	OF THE PROPERTY OF THE PROPERT	Tent negra	tereo Agent		81	Name	10. Name and Address of New Re	gistered Agent	
MEIER	, WERNER F				82	1	loos (D.O. Bould and J. Hard		
303 GALEN DR., #112					04	Street Add	ress (P.O. Box Number is Not Acceptable	9)	
KEY B	ISCAYNE FL 33149				83				
					84	City		85 Zip 0	Code
11. Pursuant t	o the provisions of Sections 607.05	502 and 607	1508. Florida Statute	s the s	bove-r	named corno	ration submits this statement for the purp	<u> FL </u>	
or registere familiar wit	ed agent, or both, in the State of Fl h, and accept the obligations of Se	lorida. Such ection 607.0	change was authorize	d by th	e corp	oration's boa	ration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing its reg ntment as registered a	istered office gent. I am
SIGNATURE _									
12.	Signature, typed or printed name of registered as					1 signature require	ed when reinstating)	DATE	
TITLE	OFFICERS AND D		DELETE		13.		ADDITIONS/CHANGES TO OFFIC		
NAME	MEIER, WERNER F			1	NAME	ĺ		☐ Change (Addition
STREET ADDRESS	300 SUNRISE DR APT 10	3		1.3	STREET	ADDRESS			
CITY-S1-ZIP	KEY BISCAYNE FL			14	CITY-S	T-ZIP			
HILE			DELETE		1 TITLE			☐ Change [Addition
NAME STREET ADDRESS					NAME				
DITY-ST-ZIP						ADDRESS			
TITLE			DELETE		CITY-S'	1-214		☐ Change [Addition
AME					NAME				
STREET ADDRESS				3.3	STREET	ADDRESS			
CHIY-ST-ZIP			E DE FEE		CITY-SI	r- ZIP			
ITLE ;AME			☐ DELETE		TITLE			☐ Change [Addition
,,,,,				4.2	NAME				
TREET ADDRESS					CTOCCT	ADDOCAG			
1				ı		ADDRESS			
CITY-ST-ZIF			DELETE	4.4	STREET I CITY-ST TITLE			[□ Change Γ	☐ Addition
OTY-ST-ZIF ITLE IAME			DELETE	4.4 5. 1	CITY-ST			☐ Change [Addition
OTY - ST - ZIF ITHE THEET ADDRESS			DELETE	5. 1 5.2	CITY-ST TITLE NAME			☐ Change [Addition
OTTY-ST-ZIF OTHE OTHEET ADDRESS OTHEET ST-ZIP				5.1 5.2 5.3 5.4	CITY-ST TITLE NAME STREET I	-ZIP ADDRESS			Addition
STREET ADDRESS CITY-ST-ZIF TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DEFEIE	4.4 5. 1 5.2 5.3 5.4 6. 1	CITY-ST TITLE NAME STREET I CITY-ST TITLE	-ZIP ADDRESS			Addition Addition
ONY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE				4.4 5. 1 5.2 5.3 5.4 6.1 6.2	CITY-ST THLE NAME STREET A CITY-ST THLE NAME	ADDRESS			
OTY-ST-ZIP ITHE IAME ITHEEL ADDRESS ITH-ST-ZIP ITHE IAME ITHEEL ADDRESS ITH-ST-ZIP ITHE			☐ DELETE	4.4 5.1 5.2 5.3 54 6.1 6.2 6.3	CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME STREET A	ADDRESS - ZIP ADDRESS	or the exemption stated in Section 119.07 le and that my signature shall have the sa 5 report as required by Chapter 607 Florid	☐ Change ☐	Addition

SIGNATURE:

WERNER MEIER 4/18/96