## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073252 (7)

UPDATE EXPRESS, CORP.

FILED Jan 29 1997 8:00am Secretary of State

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121 SE FIRST STREET SUITE 711 MIAMI FL 33131 US  2. Principal Place of Business 21 Suite, Apt. #, etc.		121 SE FIRST STREET SUITE 711 MIAMI FL 33131-1405 US  26. Mailing Address 26 Suite, Apt. #, etc.	121 SE FIRST STREET SUITE 711 MIAMI FL 33131-1405 US 2a. Mailing Address 26			3. Date Incorporated or Qualified 10/21/1993				
City & State		City & State					Election Campaign Financing	·		Required  May Be
23		28					Trust Fund Contribution			d to Fees
Zip 24	Country 25	7(p)	Countr 30	ry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9, Name and Address of Curren	t Registered Agent		• 1	A1	10.	Name and Address of New R	egistered .	Agent	
	SILVA, RAYMUNDO		81	'	Name				_	
800 NE 195 ST., #706 NORTH MIAMI BEACH FL 33179				2	Street Addr	ress (P.	O. Box Number is Not Accepte	able)		
1101			83	3						
			84	4	Cily			FL	<b>85</b> Z	p Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed famile of registered age.	of Florida, Such change was alrens of, Section 607,0505, FI	authorized b orida Statute	oy 1 es	named corp the corporat	tion's b	oard of directors. I hereby acco	purpose of ept the app	changin ointment	g its registered as registered
12.	OFFICERS AND	D DIRECTORS	13.			A	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1 1 TITLE						Chang	e 🔲 Addition
NAME :	DA SILVA, RAYMUNDO 800 NE 195 STREET, #706		1.2 NAME							
STREET ADDRESS	NORTH MIAMI BEACH FL		1 3 STREE							
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHY- 2.1 THE	SI	202				Chang	e Addition
NAME	PINTO, MARIA L		2.2 NAME							
STREET ADDRESS	800 NE 195 ST., #706		2 3 STREE	2 3 STREET ADDRESS						
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2. 4 CHY	- \$1	- ZIP					
TITLE		☐ DELETE	3.1 7111.6						L Chang	e L Addition
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STREET ADDRESS			3.3 STREE		- 1					
CITY-ST-ZIP TITLE		DELETE	3.4. CI*Y-	- 51 -	· / IP			<del>-</del>	Chang	e
NAME		_	4 2 NAME	E						
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CITY-ST-ZIP			4.4 C(1Y)	S1·	ZiP					
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NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE							
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY - 6.1 T(TLE		ZIP				☐ Chang	e Addition
NAME			6.7 TO LE.						Jiany	
STREET ADDRESS			63 STHEE		DOBESS					
CITY-ST-ZIP			64 CITY -							
	ay partify that the information symples	d with this films done not must				J O	stop 110 07/2Vit Florido Ctalut		21. 41.	- 1 10

I. I do 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 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 BigCk 13 if changed, or on, in attachment with an address.

SIGNATURE: X 19 900 4 10 10 10 10

01/08/97