FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000073400 (2)**

1. Corporation Name

LINE EXPRESS CORPORATION

Principal Place of Business	Mailing Address
8529 N.W. 68TH ST. **MIAMI FL 33166**	**8529 N.W. 68TH ST.** **MIAMI FL 33166**

3. Date Incorporated or Qualified: **10/22/1993**

3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business
21: 8502 NW 66th ST
22: Suite, Apt. #, etc
23: City & State: MIAMI FL
24: Zip: 33166 25: Country: USA

2a. Mailing Address
26: 8502 NW 66th ST
27: Suite, Apt. #, etc
28: City & State: MIAMI FL
29: Zip: 33166 30: Country: USA

4. FEI Number: **65-0444794** ☐ 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

OSSIO, SONIA
8529 N.W. 68TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: OSSIO, SONIA
82 Street Address (P.O. Box Number is Not Acceptable): 8502 NW 66 STREET
83:
84 City: MIAMI **FL** 85 Zip Code: 33166

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	OSSIO, SONIA	
STREET ADDRESS	8529 N.W. 68TH ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	☐ Change ☐ Addition
1.2 NAME	OSSIO, SONIA	
1.3 STREET ADDRESS	8502 NW 66th ST	
1.4 CITY-ST-ZIP	MIAMI FL 33166	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Sonia Ossio Sonia Ossio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

3052616257
Daytime Phone Number

CR2E034 (12/95)