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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90164 025 ***150.00

DOCUMENT # P94000000768

1. Corporation Name

A 1 EXPRESS TRAVEL, INC.

Principal Place of Business

4244 NW 72ND AVE
MIAMI FL 33166

Mailing Address

4244 NW 72ND AVE
MIAMI FL 33166

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip County

24 25

9. Name and Address

QUINJANO, LILIANA
4244 NW 72ND AVE
MIAMI FL 33166

NEW Address
5209 N.W 74 AVE
SUITE 221
MIAMI FL 33166

A-1 EXPRESS TRAVEL

11. Pursuant to the provisions of Section 607.07, Florida Statutes, I, the undersigned, being the officer or registered agent, or both, of the corporation, do hereby certify that I am familiar with, and agree to the filing of this statement for the purpose of changing its registered agent's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reappointing)

FL 85 Zip Code

Corporation submits this statement for the purpose of changing its registered agent's board of directors. I hereby accept the appointment as registered agent.

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME QUIJANO, LILIANA
STREET ADDRESS 4244 NW 72ND AVE
CITY-STATE-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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 Block 13 if change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23 / 99 (305) 477-6261

CR2E034 (1/98)