

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008272 (4)

1. Corporation Name
MIDNITE EXPRESS, INC.

Principal Place of Business
8332 NW 56TH STREET
MIAMI FL 33166

Mailing Address
8332 NW 56TH STREET
MIAMI FL 33166-4020



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1994		3a. Date of Last Report 01/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0461706		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☒		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent TOMASINI, ROLANDO 141 SW 98TH TERRACE #207 PLANTATION FL 33324				10. Name and Address of New Registered Agent			
				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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	TOMASINI, ROLANDO			1.2 NAME			
STREET ADDRESS	141 SW 98TH TERRACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	ALMEIDA, FRANKLIN			2.2 NAME			
STREET ADDRESS	13422 SW 16TH LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	PONCE, LUISA			3.2 NAME			
STREET ADDRESS	141 SW 98TH TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 supplement 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 a registered agent 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 as an attached report with an address.

SIGNATURE: [Signature]

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