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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000008272 (4)

MIDNITE EXPRESS, INC.

Principal Place of Business	Mailing Address	
5590 NW 84TH AVENUE MIAMI FL 33166	5590 NW 84TH AVENUE MIAMI FL 33166	
2. Principal Place of Business	28. Mailing Address	

## **FILED** Mar 13 1998 8:00am Secretary of State

		<b>a</b> - +				
Principal Place of Business Mailing Address				IND ARAIN BRION ARLIN TORIN TRAIN THAT THAT		
5590 NW 841	TH AVENUE	5590 NW 84TH AVE	ENUE		•	
MIAMI FL 33166 MIAMI FL 33166						
					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified 01/24/1994	
2. Principal P	lace of Business	2a. Mailing Address	····		4. FEI Number	Applied For
21	idos of positions	26			65-0461706	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·			CO 75 Additional	
22 27			5. Certificate of Status Desired	Fee Required		
City & State	9	City & State			6. Election Campaign Financing	<b>\$5,00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	У	B. This corporation owes or has pa	
24	25	29	30		Personal Property Tax due June	
·	9. Name and Address of Curre	nt Registered Agent	8	II Name	10. Name and Address of New Re	gistered Agent
	MASINI, ROLANDO		8	Name		
	1 SW 96TH TERRACE #207		8:	Street Add	lress (P.O. Box Number is Not Acceptab	ole)
PL	ANTATION FL 33324		8:	<u></u>		
			0	<b>'</b>		
ļ			84	City		FL 85 Zip Code
44 Purguant	to the provisions of Sections 507 05	02 and 607 1509 Clorida 6	You don the obe	to named age	porotion automite this statement for the m	
office or r	egistered agent, or both, in the State	e of Florida. Such change	was authorized t	y the corporal	poration submits this statement for the p ition's board of directors. I hereby accep	of the appointment as registered
agent. I a	m familiar with, and accept the oblic	yations of, Section 607.050	5, Florida Statuti	es.		
SIGNATURE	Signature, typod or printed name of registered ag	west and title it amplicable.	INOTE Registered &	sent pianati se sanui	ired when reinslating)	DATE
12.		D DIRECTORS	13.	John esgilatore rego	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETI	1.1 TITLE	····		☐ Change ☐ Addition
NAME	PONCE, LUISA		1.2 NAME			·
STREET ADDRESS	5590 NW 84TH AVENUE		1.3 STREI	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		1,4 CITY-	ST-ZIP		
TITLE	SD	DELETI	2.1 TITLE			Change Addition
NAME	TOMASINI, ROLANDO M		2.2 NAME			
STREET ADDRESS	5590 NW 84TH AVENUE		2.3 STREI	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY	ST-ZIP		
TITLE	TO	☐ DELET		-		Change Addition
NAME	TOMASINI, ROLANDO		3.2 NAME			
STREET ADORESS	5590 NW 84TH AVENUE		1	T ADDRESS		
City-St-ZIP	MIAMI FL 33166	T Refee	3.4. CITY	ST-ZIP		Observed the second sec
TITLE	i	☐ DEFE1		. [		☐ Change ☐ Addition
NAME	:		4. 2 NAM			i
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELET	4.4 CiTY-	ST-ZIP		Change Addition
TITLE NAME		(") NETER				Change Addition
l 1			5.2 NAME			
STREET ADDRESS				T ADDRESS		į
CITY-ST-ZIP TITLE		DELETI	54 CITY - 61 TITLE	St - ZIP		☐ Change ☐ Addition
NAME		ال مدددا	6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	[		·
DITT-01-20			0.4 0111-	DI-TIL		

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 changed, or on an attachment with an address

(305) 593 0443