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 # P94000011210 (9)

LINEA EXPRESS INTERNATIONAL, INC.

FILED May 06 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						
6750 N.W. 72 AVE. MIAMI FL 33166		6750 N.W. 72 AVE. Miami Fl 33166-3048						
					3. Date Incorporated or Qualified 02/10/1994	3a. Date of Last Report 03/19/1996		
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
Sulto Act # etc		26			65-0466038 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required		
City & State	9	City & Stato		·	6. Election Campaign Financing	\$5	5.00 May Be	
23		28	term of the control o		Trust Fund Contribution	Added to Fees		
Zip 24	Country 25	7(p	Couritr	У	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes No			
24]	9. Name and Address of Current	29 Registered Agent	30]		10. Name and Address of New Rec			
MON	ICADA, JESUS L		81	Name				
	RAND CANAL DR., STE. 108		82	Chant And	dress (D.O. Day N. makes in Net Assessable	-)		
	WI FL 33144	ľ		2 Street Address (P.O. Box Number is Not Acceptable)				
			83	B				
			84	City		85	Zip Code	
41 Purcuent t	to the provisions of Soctions 607 01.02	and 607 1609 Florida Sta	tutor, the abov	o named ear	repretion submits this statement for the pu	FL ⁸³	ning its togistared	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change wa	is authorized b	y the corpora	rporation submits this statement for the po ation's board of directors. I hereby accep	the appointme	ent as registered	
]	m tamiliar with, and accept the obliga-	ions of, Section 607.0505,	riorida Statute	1 \$.				
SIGNATURE:	Signature, typed or printed name of registered agriculture.	and the it applicable (h	IO1E Registered Ag	joni signature req	ured when reinstating)	DATE.		
12.	OFFICERS AND		18.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	
TITLE	DPS	☐ DELETE	1111111			Ch	nange 🔲 Addition	
NAME	MONCADA, JESUS L		1.2 NAME				;	
STREET ADDRESS	85 GRAND CANAL DR., STE. 19)6	1.3 STREE	I ADDRESS			ļi,	
CITY-ST-ZIP	MIAMI FL 33144	T busts	1.4 CITY-	S1 - 7IP				
TITLE	DVT CALDERON, EDUARDO	DELETE	21 TITLE			∐ Ch	nange Addition 1	
NAME	85 GRAND CANAL DR., STE. 10	NR	2.2 NAME					
STREET ADDRESS	MIAMI FL 33144		-	T ADDRESS				
CITY-ST-ZIP TITLE	Millian I C 00111	DELETE	2. 4 CITY- 3.1 TITLE	S1-ZIF		[] Ch	nange Addition	
NAME			3.2 NAME			6.23 V	2,7,00,00	
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	41 1ITLE			☐ Ch	ange Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STRFF	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZiP				
TITLE		☐ DELETE	5.1 TITLE			L Ch	ange Addition	
NAME			5.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DETETE	5.4 CITY-	S1 · ZIP		☐ Ch	lange Addition	
NAME			6.1 TITLE 6.2 NAME			ווי ניין	range [] Addition	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP								
Util-ol-Zir			6.4 CITY -	51-7fF				

I do hereby certify that the information supplied with this filling 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 fool protation 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 15 if ghanged, or opyan attachment with an address.