SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000029149 (9)

1. Corporation Name

RABBIT INTERNATIONAL EXPRESS, INC.

Principal Place of Business	Mailing Address
6712 NW 82ND AVE MIAMI FL 33166	6712 NW 82ND AVE MIAMI FL 33166

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business	2a. Mailing Address
21 1232 FALLS BLVD	26 1232 FALLS BLVD
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Ft LAUDERDALE	28 City & State: Ft LAUDERDALE
24 Zip: 33327 — 25 Country: US	29 Zip: 33327 — 30 Country: USA

4. FEI Number: 65-0483014 — ☐ 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

MASSA, SERGIO
8347 SW 40TH ST
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: JUAN GARFIAS
82 Street Address (P.O. Box Number is Not Acceptable): 1232 FALLS BLVD.
83
84 City: Ft LAUDERDALE FL 85 Zip Code: 33327

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: J. Garfias
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PSD	☐ DELETE
NAME	GARFIAS, JUAN F	
STREET ADDRESS	1232 FALLS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33327	
TITLE	VPD	☐ DELETE
NAME	GARFIAS, MARIA L	
STREET ADDRESS	1232 FALLS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33327	
TITLE	TD	☐ DELETE
NAME	GARFIAS, JUAN F JR.	
STREET ADDRESS	1232 FALLS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33327	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Garfias — 6/18/96 — 3052616207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #