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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000030825 (1)

1. Corporation Name

NATIONAL EXPRESS CORPORATION

						·				
Principal Place of Business Mailing Address										
6 N.W. 136TH AVE. 6 N.W. 136TH AVE. MIAMI FL 33182 MIAMI FL 33182										
						3. Date Incorporated or Qualified 3a. Date of Last Report 04/22/1994 08/09/1995				
2. Principal Pla	ne at Busines:	2a. 26	Mailing Address		••••		4. FET Number 65-0485882			Applied For Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		7 "	5 Additional Required
City & State			Oity & State	y & State			Election Campaign Financing Trust Fund Contribution			May Be od to Fees
Zp	Country		Zη:	Cou	ntry		8. This corporation has liability for			199.032,
24	25	29	hand Anont	30			Florida Statutes Yes	Register		
	9. Name and Address of Curre	nt Regis	tered Agent		81	Name	ID. Hame and Address of New	iogisto.		
VALIDES	DAIN				B2		D.O. Clay M. onlog in Not Accords	hioi		
VALDES, RAUL 6 NORTHWEST 136TH AVE.						Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAM! FL					83					
					84	City			85 Z	ip Code
	20-1	0.5. 1.00	7 1000 Florida State	two sho		named come	oral on submits this statement for the pi and of directors. Thereby accept the app	മാരള്ള വ	changing its	registered office
12. TillE	Signature typed or partie kname a minimum our OFFICERS A			13.		Olisa) nel en respon	ADDITIONS/CHANGES TO OF	OAI FIÇERS :		
	D Valdes, Raul		☐ CELETE	1 1 1 1 2 N					☐ Criange	Addition
NAME STREET ADDRESS	6 N.W. 136TH AVE.					LADOFESS				
CITY-S! ZP	MIAMI FL 33182					51 - ZIE				
TITLE			☐ DELETE	2 1 1	ΙĻΕ				☐ Change	Addition
NAME				22 N	AME					
STREET ADDRESS				235	THEE	FADORESS				
CITY ST-ZIF			DECETE	24 C		S3 - 21P			Change	Addition
TITLE				321					g-	3 ···
NAME STREET ADDRESS				1		LADORESS				
CITY - ST - ZIP						ST - ZiP				
TITLE			DECETE	4 1	II LE				Change	Addition
NAME				421	IAME					
STREET ADORESS				435	IF(f	LADDRESS				
CITY-ST-ZIF						ST ZIE			☐ Change	Add:tion
TITLE			Direte		HHE VAME					
NAME						1 ADDRESS				
STREET ADDRESS CITY+S1+ZiP						ST-7/P				
CITY-S1-ZIP			DELETE		Ti LF				Change	e 🔲 Addition
NAME				621	4AME					
STREET ADDRESS				6.3.9	STREE	T ADDRESS				
Pity Ct. 76		سمر		€4(O(1) -	SI - ZIF				
14. I do hereb certify that oath: that	it the information indicated on this # Lam an officer or director of the cor	inudi repe Doratic um		inual report tee empow			y for the exemption stated in Section 1 irate and that my signature shall have the this report as required by Chapter 607,			

SIGNATURE:

HALLUS GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-842-5754

A LOCALADA DIA BANKI BIBIK ADAK MERIK ADAK ADAM KANDI BIKU ADAM KERAT ILAH MENULUKAN DIRIP DARI BADI

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