## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030825 (1)

NATIONAL EXPRESS CORPORATION

Principal Place of Business

Mailing Address



97 SEP -4 PM 3: 00

SECRETARY OF STATE TALLAHASSEF FLORIDA



Principal Place of Business	Mailing Address			
6 N.W. 136TH AVE.	6 N.W. 136TH AVE.			
MIAMI FL 33182	MIAMI FL 33182		DO NOT WRITE	IN THIS SPACE
			3. Date Incorporated or Qualified	3a. Date of Last Report
			04/22/1994	06/19/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1259 NW 35AU-C	26 1259 NW 3	5 AUC	65-0485882	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of otatus bestred	Fee Required
City & State 23 Miami, Florida	City & State 7	loriou	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33 (25 25 5A	Zip ~	Country USA	This corporation owes or has pa     Personal Property Tax due June	
Name and Address of Cur			10. Name and Address of New Re	gistered Agent
VALDES, RAUL		81 Nam	)	
6 NOR HWEST 136TH AVE.		<b>82</b> Stree	t Address (P.O. Box Number is Not Acceptate	ple)
MIAMI FL 33182		83		· · · ·
		84 City		85 Zip Code
		1		FL I I
11. Pursuant to the provisions of Sections 607, office or registered agent, or both, in the Stagent, I am familiar with and accept the office.	0502 and 607.1508, Florida Statutes	the above-name	d corporation submits this statement for the p	ourpose of changing its registered
agent, I am familiar with and accept the et	ligation 607.0505, Flori	da Statutes.	inportation a board or directors. Thereby accep	by the appointment as registered
SIGNATURE & CULL	lelles			
Symature, typed or printed name of registered			re required when reinstating)	DATE
<del></del>	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
MALDES DALIE	(M) DECEIE	1.1 TITLE	D of	in claude T varien
NAME / VALDES, RAUL		1.2 NAME	Valdes, Kay we	
STREET ADDRESS 6 N.W. 136TH AVE.		1.3 STREET ADDRESS	1224 100 20 11	33125
City-st-zip MIAMI FL 33182	DELETE	1.4 CITY - \$1 - ZIP	Wigur 1 Ir	Change Addition
TITLE	- Deceie	2.1 TITLE		Change D Nation
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2. 4 CITY+ST+ZIP 3.1 TITLE		Change Addition
TITLE	[_] Detere			Change C Monton
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	'	
CITY-ST-ZIP TITLE	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	<u> </u>	Change Addition
		4.1 MES 4.2 NAME		
NAME STREET ADDRESS		4. 2 NAME 4.3 STREET ADDRESS	-09/05/	9701111019
			****16	5.00 ****165.00
City-St-ZiP	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<del>- </del>	☐ Change ☐ Addition
TITLE NAME		5.2 NAME		
		5.2 NAME 5.3 STREET ADDRESS	.	
STREET ADDRESS				
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	- Deterio	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	$\Delta = \Delta \Delta$	
			1 111.1V	
CITY-ST-ZIP	plied with this flipp does not qualify	6.4 City-St-ZiP	stated in Section 119 07(3)(i) Florida Statuto	e I further cortifu that the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(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 trusted 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 apputation with an address.