

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000030929 1. Corporation Name LEGION EXPRESS, INC.			
Principal Place of Business		Mailing Address	
4051 NW 145 ST.		OPA LOCKA, FL 33054	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/21/94	
22 City & State	27 City & State	3a. Date of Last Report 04/96	
23 Zip	28 Zip	4. FEI Number 65-0517882	
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LIONEL BARNET, ESQ.		81 Name	
3191 CORAL WAY		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE		83	
MIAMI, FL 33145		84 City	
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, to 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.		85 Zip Code FL	
SIGNATURE Bertam Rino		5/5/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAUSTO BONINI	1.2 NAME	
STREET ADDRESS	21010 VIZZOLA TIANO	1.3 STREET ADDRESS	
CITY - ST - ZIP	DON ANDREA SACONAGO 1	1.4 CITY - ST - ZIP	
TITLE	V. PRES.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RINO BERTONI	2.2 NAME	
STREET ADDRESS	VIA MARZA BUTO 9	2.3 STREET ADDRESS	
CITY - ST - ZIP	Ferno, Varese, Italy	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do 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.			
SIGNATURE: Bertam Rino		5/5/97 3056876155	

CR2E034 (9/96)