FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039241 (2)

1. Corporation Name
UNIVERSAL EXPRESS CORP.

Principal Place of Business
~~815 NW 57TH AVENUE STE. 450~~
~~MIAMI FL 33126~~

Mailing Address
~~815 NW 57TH AVENUE STE. 450~~
~~MIAMI FL 33126~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 8266 NW S. River Dr
22: Suite, Apt. #, etc.
23: City & State: Medley FL
24: Zip: 33166
25: Country: USA

2a. Mailing Address
26: 8266 NW S. River Dr
27: Suite, Apt. #, etc.
28: City & State: Medley FL
29: Zip: 33166
30: Country: USA

4. FEI Number: 65-0492813
☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~THOMPSON, DISNEY~~
~~169 E. FLAGLER STREET STE. 1627~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: FARINA, GUILHERME
82 Street Address (P.O. Box Number is Not Acceptable): 10006 SW 77 CT
83:
84 City: MIAMI FL 85 Zip Code: 33156

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	RAPOSO, DMITRE	12 NAME	RAPOSO, DMITRE	
STREET ADDRESS	~~5030 COLLINS AVENUE STE. 4H~~	13 STREET ADDRESS	9735 Fontainbleu Blvd #312	
CITY ST ZIP	~~MIAMI BEACH FL 33140~~	14 CITY ST ZIP	MIAMI FL 33172	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	FARINA, GULLHERME	22 NAME	FARINA, GUILHERME	
STREET ADDRESS	~~5030 COLLINS AVENUE STE. 4H~~	23 STREET ADDRESS	10006 SW 77 CT	
CITY ST ZIP	~~MIAMI BEACH FL 33140~~	24 CITY ST ZIP	MIAMI FL 33156	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: X _____ Dimitrie Raposo 4/26/95 (305) 888-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0122611 CP