FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000045389 (1)**

1. Corporation Name

EXPRESS LIMITED INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
801 NW 47 AVENUE #707 **MIAMI FL 33126**	**801 NW 47 AVENUE #707** **MIAMI FL 33126**

3. Date Incorporated or Qualified: **06/16/1994**
3a. Date of Last Report: **05/16/1995**

4. FEI Number: **65-0500409** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 139 N.E. 3RD AV.	26 139 N.E. 3RD AV
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL	28 City & State: MIAMI FL
24 Zip: 33132 25 Country: USA	29 Zip: 33132 30 Country: USA.

9. Name and Address of Current Registered Agent

BERISTAIN, ALEJANDRO J
801 NW 47 AVENUE #707
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 139 N.E. 3 RD AV.
83
84 City: MIAMI **FL** 85 Zip Code: 33132

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: (Signature, typed or printed name of Registered Agent and title, if applicable) (Florida Registered Agent Signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BERISTAIN, ALEJANDRO J 801 NW 47 AVENUE #707 MIAMI FL 33126	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 139 N.E. 3RD AV MIAMI FL 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LASEN, ANDRES 801 NW 47 AVENUE #707 MIAMI FL 33126	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition VD PAOLA J. BERISTAIN 801 NW 47TH AV. #720 MIAMI FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	000001919580 -08/13/96--01012--029 ***225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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.

8-12-96

SIGNATURE: [signature] 8-7-96. 305-529-1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)