

FILED  
Apr 30 1997 8:00am  
Secretary of State



1. Corporation Name:

**ALL EXPRESS INTERNATIONAL, INC.**

**Mailing Address**  
**7311 NW 12TH STREET**  
**STE #6**  
**MIAMI FL 33126-1825**

2. Principal Place of Business		2a. Mailing Address	
21	7311 NW 12th Street	26	7311 NW 12th street
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	SUITE # 9	27	SUITE # 9
City & State		City & State	
23	MIAMI , FL.	28	MIAMI, FL.
Zip	Country	Zip	Country
24	33126	25	U.S.A
29	33126	30	U.S.A

3. Date Incorporated or Qualified <b>07/22/1994</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>65-0509426</b>		Applied For	Not Applicable
5. Certificate of Status Desired <del>XX</del>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <del>XX</del> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIEDRAHITA, EDGAR 7311 NW 12TH STREET STE #8 MIAMI FL 33126		81	Name PIEDRAHITA, EDGAR
		82	Street Address (P. O. Box Number is Not Acceptable) 7311 NW 12th Street
		83	Suite # 9
		84	City MIAMI
		85	Zip Code 33126

SIGNATURE

Send a photocopy of printed name of considered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

04-24/99 (305) 491-7768