08/27/99 22:18 FAX

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP -7 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058590

1. Corporation Name: SANTO DOMINGO EXPRESS ~~5509 NW~~

REINSTATEMENT 95-99(N)

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5509 NW 72ND AVE MIAMI, FL. 33166-4205	5509 NW 72 ND Ave. MIAMI, FL. 33166

3. Date Incorporated or Qualified: AUG. 9, 1994

2. Principal Place of Business	2a. Mailing Address
21 5509 NW 72 ND AV.	26 5509 NW 72 ND Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33166 25 Country: USA	29 Zip: 33166 30 Country: USA

4. FEI Number: 65-0526084 — 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

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOSE LEONARDO GRULLON 5509 NW 72 ND Ave. MIAMI, FL. 33166	91 Name: JOSE LEONARDO GRULLON 92 Street Address (P.O. Box Number is Not Acceptable): 5509 NW 72 ND Ave. 94 City: MIAMI FL 95 Zip Code: 33166

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] 8/25/99
(Signature, type or print name of registered agent and title if applicable) (NOTE: 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	PRESIDENT BIENVENIDO SANCHEZ GUZMAN CALLE 9 NO. 25 ALMAROSA, SANTO DOMINGO, DOM. REP.	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002988164--7 -09/10/99--01001--004 ***1350.00 ***1350.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT LEONARDO DEVILLE SANCHEZ CALLE 9 NO. 25 ALMARDSA, SANTO DOMINGO, DOM. REP.	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY GREGORIA CRUZ DE SANCHEZ CALLE 9 NO. 25 ALMARDSA, SANTO DOMINGO, DOM. REP.	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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, with all other like empowered.

KE

SIGNATURE: [signature] 8/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date