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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 30 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076122 (8)

1. Corporation Name
B & I EXPRESS, INC.

Principal Place of Business	Mailing Address
11660 SW 88TH ST MIAMI FL 33176	11660 SW 88TH ST MIAMI FL 33176

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report: 07/11/1995

2. Principal Place of Business	2a. Mailing Address
21 260 Crandon Blvd #50	26 260 Crandon Blvd. #50
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Key Biscayne FL	28 City & State: Key Biscayne FL
24 Zip: 33149 25 Country: DADE	29 Zip: 33149 30 Country: DADE

4. FEI Number: 65-0610640
5. Certificate of Status Desired ☐ $8.75 Addi Fee Requi
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Ma Added to F
8. This corporation has liability for intangible tax under s 199.(Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F JR
241 SEVILLA AVE
SUITE 605
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JULIO C. SOMEILLAN
82 Street Address (P.O. Box Number is Not Acceptable): 8705 SW 176th Street
83
84 City: Miami FL 85 Zip Cod: 3315

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 registe 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Julio C. Someillan 4/25/97
(Signature, typed or printed 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	
TITLE	DP	☐ DELETE	1.1 TITLE	T/S ☐ Change ☒
NAME	SMIT, LUPE		1.2 NAME	SMIT, LUPE
STREET ADDRESS	11660 SW 88TH ST		1.3 STREET ADDRESS	11660 SW 88th St.
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami FL 33176
TITLE	DST	☒ DELETE	2.1 TITLE	☐ Change ☐
NAME	SMIT, PETER		2.2 NAME	
STREET ADDRESS	11660 SW 88TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐
NAME			3.2 NAME	400002233084--5
STREET ADDRESS			3.3 STREET ADDRESS	-07/08/97--01076--016
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I declare under penalty of perjury that this report has been furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 above, or on an attached sheet, with an address.

SIGNATURE: [signature] PETER SMIT 4/28/97 305-471-5102