

**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 # P94000085879 (2)**

1. Corporation Name

**WAY EXPRESS SERVICES, INC.**



Principal Place of Business

Mailing Address

**8119 NW 60TH STREET  
MIAMI FL 33166  
US**

**8119 NW 60TH STREET  
MIAMI FL 33166  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/28/1994**

3a. Date of Last Report

**03/17/1995**

4. FEI Number

**65-0535900**

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

10. Name and Address of New Registered Agent

**CAVALCANTE, MARCOS  
13111 S.W. 82ND TERR  
MIAMI FL 33183**

81 Name **MARCOS CAVALCANTE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8119 NW 60 St.**

83

84 City **MIAMI**

FL 85 Zip Code **33166**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 the filer, if applicable

(NOTE: Registered Agent signature required when appointing)

DATE

**3/12/96**

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD  
SCHMIDT, MARCELO  
13111 S.W. 82ND TERR  
MIAMI FL 33183**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD  
DE LIMA NETO, FRANCISCO A  
13111 S.W. 82ND TERR  
MIAMI FL 33183**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD  
CAVALCANTE, MARCOS  
13111 S.W. 82ND TERR  
MIAMI FL 33183**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**PD  
SCHMIDT MARCELO  
8119 NW 60 ST.  
MIAMI FL 33166**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**VD  
DE LIMA NETO, FRANCISCO  
8119 NW 60 ST.  
MIAMI FL 33166**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**STD  
CAVALCANTE, MARCOS  
8119 NW 60 ST.  
MIAMI FL 33166**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/96 305-716-0079**

CR2E034 (12/95)