

**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 # P95000002044 (2)**

1. Corporation Name

**D. PROVISION EXPRESS, INC.**



Principal Place of Business

Mailing Address

8390 NW 53RD ST  
SUITE 300 ROCHESTER BLDG  
MIAMI FL 33166

8390 NW 53RD ST  
SUITE 300 ROCHESTER BLDG  
MIAMI FL 33166

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0547950

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, RICHARD B  
8390 NW 53RD ST  
SUITE 300 ROCHESTER BLDG  
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME: DP AGUIAR, ANGEL D JR  
STREET ADDRESS: 1200 E 6TH CT  
CITY-ST-ZIP: HIALEAH FL 33010

TITLE  DELETE

NAME: VSD AGUIAR, TERESA A  
STREET ADDRESS: 1200 E 6TH CT  
CITY-ST-ZIP: HIALEAH FL 33010

TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Angel D. Aguiar*

Angel D. Aguiar 1/1/96 (305) 592-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)