

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000010226 (5)  
1. Corporation Name

ATLANTIC EXPRESS COMPANY

Principal Place of Business

Mailing Address

P.O. BOX 971343  
MIAMI FL 33197-1343

P.O. BOX 971343  
MIAMI FL 33197-1343

FILED

97 JAN 29 PM 12: 26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

wo 96

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
| 25                             | Country             | 30                  | Country             |

|   |   |
|---|---|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 02/07/1995  |   |
| 4. FEI Number   | Applied For   |
|   | <input checked="" type="checkbox"/> Not Applicable                  |
| 5. Certificate of Status Desired  | XXX \$8.75 Additional Fee Required                                  |
| 6. Election Campaign Financing Trust Fund Contribution                                  | XXX \$5.00 May Be Added to Fees                                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

FIGUEROA, ALEXIS  
19610 S.W. 115TH AVENUE  
MIAMI FL 33157

10. Name and Address of New Registered Agent

|    |  |                       |    |
|----|--|-----------------------|----|
| 81 | Name   | PASTOR FIGUEROA       |    |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |                       |    |
| 83 | City   | 19610 S.W. 115 AVENUE |    |
| 84 | City   | MIAMI,                | FL |
| 85 | Zip Code   | 33157                 |    |

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*Pastor Figueroa*

JANUARY 3, 1997

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-------------------------|---|-----------------------|
| TITLE                      | PD                      | 1.1 TITLE   | PD                    |
| NAME                       | FIGUEROA, ALEXIS        | 1.2 NAME  | PASTOR FIGUEROA       |
| STREET ADDRESS             | 19610 S.W. 115TH AVENUE | 1.3 STREET ADDRESS                                    | 19610 S.W. 115 AVENUE |
| CITY-ST-ZIP                | MIAMI FL 33157          | 1.4 CITY-ST-ZIP                                       | MIAMI, FLORIDA 33157  |
| TITLE                      | STD                     | 2.1 TITLE   | STD                   |
| NAME                       | FIGUEROA, PASTOR        | 2.2 NAME  | EUSEBIA FIGUEROA      |
| STREET ADDRESS             | 19610 S.W. 115TH AVENUE | 2.3 STREET ADDRESS                                    | 19610 S.W. 115 AVENUE |
| CITY-ST-ZIP                | MIAMI FL 33157          | 2.4 CITY-ST-ZIP                                       | MIAMI, FLORIDA 33157  |
| TITLE                      |                         | 3.1 TITLE   |                       |
| NAME                       |                         | 3.2 NAME  |                       |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    | 300002046633--7       |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       | -01/06/97--01029--020 |
| TITLE                      |                         | 4.1 TITLE   | ****122.50 ****122.50 |
| NAME                       |                         | 4.2 NAME  |                       |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    | 100002072651--8       |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       | -01/29/97--01065--001 |
| TITLE                      |                         | 5.1 TITLE   | ****266.25 ****266.25 |
| NAME                       |                         | 5.2 NAME  |                       |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                         | 6.1 TITLE   |                       |
| NAME                       |                         | 6.2 NAME  |                       |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                         | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PASTOR FIGUEROA

*Pastor Figueroa*

JANUARY 3, 1997 (305)233-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)