

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000019412 (2)

1. Corporation Name
EXPRESS BAGGAGE, INC.



Principal Place of Business
**14708 BAYONNE RD.
 ORLANDO FL 32832**

Mailing Address
**14708 BAYONNE RD.
 ORLANDO FL 32832-6536**

3. Date Incorporated or Qualified **03/09/1995** 3a. Date of Last Report **08/12/1996**

2. Principal Place of Business
 21. **16900 SW 162 Avenue**

4. FEI Number **65-0572652** Applied For Not Applicable

22. Suite Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **Miami, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **33187** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MARRERO, RAYMOND J
 14708 BAYONNE RD.
 ORLANDO FL 32832**

10. Name and Address of New Registered Agent

81. Name **Ronald C. Pathman**
 82. Street Address (P.O. Box Number is Not Acceptable) **8900 S.W. 107th Ave., Suite 206**
 83.
 84. City **Miami** 85. Zip Code **FL 33176**

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]* **Ronald C. Pathman** DATE **2/12/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	CAO, ALFREDO J JR.	
STREET ADDRESS	2575 SW 27TH AVE. STE. 312	
CITY-ST-ZIP	MIAMI FL 32832	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MARRERO, RAYMOND J	
STREET ADDRESS	14708 BAYONNE RD.	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Les Wengrin	
1.3 STREET ADDRESS	16900 SW 162 Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33187	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *[Signature]* **LES WENGRIN** DATE **4/1/97** (305) 232-6161

CR2E034 (9/96)