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Mar 28 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 # P95000034247 (3)

1. Corporation Name
VANESSA EXPRESS CORP.



Principal Place of Business Mailing Address
4200 N.W. 79TH AVE #1-B 8999 N.W. 89TH AVE
MIAMI FL 33166 #22
MEDLEY FL 33178-1461

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 04/27/1995 | | 12/05/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | | Applied For | |
| 23 Zip | | 28 Zip | | 65-0579197 | | Not Applicable | |
| 25 Country | | 29 Country | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 24 | | 30 | | 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

CRUZ, FELIX
4170 NW 79TH AVENUE
#2-A
MIAMI FL 33166-6555

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PTE CRUZ, FELIX | 1.1 TITLE | |
| NAME | 4170 NW 79TH AVE., #2-A | 1.2 NAME | |
| STREET ADDRESS | MIAMI SPRINGS FL 33166 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| 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 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: *Felix Cruz* President Date: 04/28/97 (207) 477-9208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0004618

CR2E034 (9/96)