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



## Sandra B. Mortham

PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			May 21 1998 8:00am Secretary of State				
	MENT #	P95000034	247							
	VANESSA EXPRESS C	ORP.								
Principal Place of Business Mailing Address						-				
9811 W. OKEECHOBEE RD. # 105 SA						DO NOT WRITE IN THIS \$PACE				
HIALEAH, FL. 33016						3. Date incorporated or Qualified 04/27/1995				
	lace of Business	2a, Mailing		· · ·		4. FEI Number			ied For	
21 SAME			Suite. Apt. #, etc.			65-0579197			Applicable	{
Suite, Apt. #, etc.		27	}			5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 5. Section 6.				
City & State		City & St 28	ate			Election Campaign Financing     Trust Fund Contribution		5.00 M dded to		
Zip Country		Zip <b>29</b>	├ ' ├			This corporation owes or has particular to the particular of the personal Property Tax due June				
24	9. Name and Address of Curi			1	<del></del>	10. Name and Address of New Re			NO	
CRUZ FELIX 4170 NW. 79th Ave. # 2-A MIAMI, FL. 33166  11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes. office or registered agent, or both, in the State of Florida, Such change was aut agent. I am familiar with, and accept the obligations of, Section 607 0505, Florid				82 83 84 the above	City	poration submits this statement for the points board of directors. I hereby accer	FL 85 Zip Code			<u>.</u>
SIGNATURE _										
12.	Signature typical or posted name of registered OFFICERS A	ND DIRECTORS	INOTE F	tog stered Ager	t signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRE	CTORS	IN 12	97)
TITLE	PRESIDENT		DELETE	1.1 7ITLE			Ch		Addition	9
NAME	FELIX CRUZ			1.2 NAME						CR2E034 (10/97)
STREET ADDRESS	DRESS 4170 NW. 79th Avenue #2-A			1.3 STREET ADDRESS 1.4 City - St - Zip						K
CITY-ST-ZIP TITLE	Miami, Fla. 331	66 [	DELETE	2.1 TITLE	- 7112	· · · · · · · · · · · · · · · · · · ·	☐ Cr	ange [	Addition	ర్
NAME				2.2 NAME					Į	l
STREET ADDRESS				2.3 STREET /	DORESS					
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NAME		_	DECETE	3.2 NAME	]			ialiāc î	Addition	
STREET ADDRESS				3.3 STREET A	DDRESS					l
CITY-ST-ZIP				34 CITY-ST	- 7IP					
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NAME			i	4 2 NAME		-05/22/98010	11009	-		[
STREET ADDRESS CITY-ST-ZIP				4.3 STREET A 4.4 CITY - ST		***150.00				
TITLE			DELETE	51 TITLE	*"	<del></del>	☐ Ch	ange [	Addition	İ
NAME			ļ	5.2 NAME				_	ملاما	:
STREET ADDRESS			:	5.3 STREET A	DORESS			,	2 <b>%</b> [	
CITY-ST-ZIP			DELÈTE	54 CITY - ST	ZIP			T	Addition	
TITLE		L	⊒ UCLCIC	6.1 TITLE 6.2 NAME	}		<b>□</b> Ch	ange L	Addition	ļ
NAME STREET ADDRESS				6.2 NAME 6.3 STREET A	DDRESS					

6.4 CITY - ST - ZIP 14. 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 eath; 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.

CITY - ST- ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/98

**FILED** 

Daylime Phone #