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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044580 (5)

EXPRESO INTERNACIONAL ORMENO, INC.

Principal Place of Business

Mailing Address

FILED Mar 17 1997 8:00am Secretary of State



FIRICIPAL FIAC	e of pharmass	Mailing Address			
- COLAR 201 S. BISCAYWE BLVD					
FK6644	****************	# 1800 MANIFORMER -			
MIAMI PL 3313	51	MIRMI PL 33131		3. Date Incorporated or Qualifie	d 3a. Date of Last Report
}				06/09/1995	07/10/1996
Principal P	Place of Business	2a. Mailing Address		4. FEI Number	
_		—	nta de cara		Applied For
	S.E. Third Ave			NOT APPLICABLE	Not Applicable
22 Sui Su	ite 1980	Suite Apt. #, etc. Suite 19	980	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 Miam	i. FL	28 Miami, FL		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24 3313	1 25 IISA	29 33131 30	USA	Florida Statutes	Yes No
	25 IISA g. Name and Address of Current	Registered Agent		10. Name and Address of New	
CORPORATION COMPANY OF MIAMI					faculty Inc.
	SOUTH BISCAYNE BOULEVARD				
1800 MIAMI CENTER				Address (P.O. Box Number is Not Accept Southeast Third	Avenue
MIAMI FL 33131			83		
MIMMI FL 93131			6	uite 1980	
			84 City	Miami	FL 85 Zip Code 33 131
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes			
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					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE		/		e required when reinstating)	1/30/97
	OFFICERS AND			LEGENES WIGHTENISCHING!	, DATE
12.		DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
	D. ∤ ORMENO CABREAR, JOAQUIN :				Change Muliton
NAME		U	1.2 NAME		
STREET ADDRESS	320 ATLANTIC ROAD		1.3 STREET ADDRESS		Į!
CITY-ST-ZIP	KEY BISCAYNE FL 33149	DELCTO .	1.4 CiTy - ST - ZIP		
TITLE	D 5	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition }
NAME	ORMENO MALONE, LUIS J		2.2 NAME		
STREET ADDRESS	320 ATLANTIC ROAD		2.3 STREET ADDRESS		!
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2 4 CrTY - ST - 7IP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	ORMENO MALONE, JULIO C		3.2 NAMÉ		
STREET ADDRESS	320 ATLANTIC ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		3.4. CITY-ST-ZIP		
TITLE	-p	▼ DELETE	4 1 1HLE	VP	Change Addition
NAME	MESTANZA CUEVA; ROQUE		4. 2 NAME	Miguel Cauxi Abacone s.E. Third Avenu	lia
STREET ADDRESS	1282 CHALKSTONE AVENUE		4.3 STREET ADDRESS	one s.E. Third Avenu	e. Surke 1980
CITY-ST-ZIP	PROVIDENCE RI 02900		4.4 City - ST- ZIP	Miami FL 33131	
TITLE	D) AS	DELETE	5.1 TITLE	11111111	Change Addition
NAME	ORMENO MALONE, MERCEDES		5.2 NAME		
STREET ADDRESS	320 ATLANTIC ROAD	,	53 STREET ADDRESS		ļ
	KEY BISCAYNE FL 33149		•		į
City-St-ZiP Title		DELETE	5.4 CHY-ST-ZIP 6.1 THLE		Change Addition
i	D DIMENO MALONE CECILIA M	pttt/t	B .		Cu) thangs Cu) Addition
NAME	ORMENO MALONE, CECILIA M		6.2 NAME		
STREET ADDRESS	320 ATLANTIC ROAD		6.3 STREET ADDRESS		i
CITY-ST-ZIP	KEY BISCAYNE FL 33149		8.4 CITY - ST - ZIP		
14. I do heret	by certify that the information supplied	with this filing does not qualify f	or the exemption s	tated in Section 119.07(3)(i), Florida Statu	ites. I further certify that the

4. I do hereby certify that the information supplied with this filing does not quality 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 top poration 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 12 that analoged, or on an attachment with an address.

SIGNATURE

MIGNEL & CAUN

3/11/97

305-361.1592