SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
* AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P95000044580 (5)**

1. Corporation Name
EXPRESO INTERNACIONAL ORMENO, INC.

Principal Place of Business	Mailing Address
ONE SE THIRD AVE SUITE 1980 MIAMI FL 33131 US	ONE SE THIRD AVE SUITE 1980 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2601 NW 7 Ejecutivo Rd
Suite, Apt. #, c/o
22
City & State
23 Miami FL
Zip 24 33142 | County 25 USA

2a. Mailing Address
26
Suite, Apt. #, c/o
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified
06/09/1995

4. FEI Number
~~NOT APPLICABLE~~ 65-0123402 | Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
AMKGS REGISTERED AGENTS INC
ONE SE THIRD AVE
SUITE 1980
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 (Required) (Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	ORMENO CABREAR, JOAQUIN U		12 NAME	
STREET ADDRESS	320 ATLANTIC ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		14 CITY-ST-ZIP	
TITLE	DS	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	ORMENO MALONE, LUIS J		22 NAME	
STREET ADDRESS	320 ATLANTIC ROAD		23 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		24 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	ORMENO MALONE, JULIO C		32 NAME	
STREET ADDRESS	320 ATLANTIC ROAD		33 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		34 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	ABADIA, MIGUEL CAUVI		42 NAME	
STREET ADDRESS	ONE SE THIRD AVE SUITE 1980		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE	DAS	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	ORMENO MALONE, MERCEDES I		52 NAME	
STREET ADDRESS	320 ATLANTIC ROAD		53 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		54 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	ORMENO MALONE, CECILIA M		62 NAME	
STREET ADDRESS	320 ATLANTIC ROAD		63 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		64 CITY-ST-ZIP	

14. I 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] Aug 25, 98

CR2E084 (5/98)