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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90110 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000044580**

1. Corporation Name  
**EXPRESO INTERNACIONAL ORMENO, INC.**

Principal Place of Business  
**2601 NW LEJEUNE RD  
MIAMI FL 33142  
US**

Mailing Address  
**ONE SE THIRD AVE  
SUITE 1980  
MIAMI FL 33131  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 <b>1200 Brickell Avenue</b> 27 Suite, Apt. #, etc. 27 <b>Suite 900</b> 28 City & State 28 <b>Miami, Florida</b> 29 Zip 29 <b>33131</b> 30 Country 30 <b>USA</b>	3. Date Incorporated or Qualified <b>06/09/1995</b> 4. FEI Number <b>65-0723902</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>AMKCS REGISTERED AGENTS INC ONE SE THIRD AVE SUITE 1980 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name <b>AGIM Registered Agents, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 Brickell Avenue, Suite 900</b> 83 <b>MAI</b> 84 City <b>Miami</b> 85 Zip Code <b>FL 33131</b>
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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]* **President** DATE **4/13/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME <b>ORMENO CABREAR, JOAQUIN U</b> STREET ADDRESS <b>320 ATLANTIC ROAD</b> CITY-ST-ZIP <b>KEY BISCAYNE FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>ORMENO CABRERA, JOAQUIN U</b> 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>Key Biscayne, Florida 33149</b>
TITLE <input type="checkbox"/> DELETE NAME <b>ORMENO MALONE, LUIS J</b> STREET ADDRESS <b>320 ATLANTIC ROAD</b> CITY-ST-ZIP <b>KEY BISCAYNE FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>Key Biscayne, Florida 33149</b>
TITLE <input type="checkbox"/> DELETE NAME <b>ORMENO MALONE, JULIO C</b> STREET ADDRESS <b>320 ATLANTIC ROAD</b> CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>ABADIA, MIGUEL CAUVI</b> STREET ADDRESS <b>ONE SE THIRD AVE SUITE 1980</b> CITY-ST-ZIP <b>MIAMI FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>ORMENO MALONE, MERCEDES I</b> STREET ADDRESS <b>320 ATLANTIC ROAD</b> CITY-ST-ZIP <b>KEY BISCAYNE FL</b>	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <b>Key Biscayne, Florida 33149</b>
TITLE <input type="checkbox"/> DELETE NAME <b>ORMENO MALONE, CECILIA M</b> STREET ADDRESS <b>320 ATLANTIC ROAD</b> CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>	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 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, with all other like empowered.

SIGNATURE:

*[Signature]* **REEXECUTIVE VICE PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-9-99** Daytime Phone # **(305) 870-0919**

CR2034 (1/1/98)