FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

P95000048009 (1)

Largania / (bla signing officer on director

MEC EXPRESS INTERNATIONAL INC.

Principal Place of Business Mailing Address					1 Senstons tie seiet eillis Aftil Abill	##	II MALIE MASSE INII SAND	
8325 N.W. 6 MIAMI FL 3		8325 N.W. 64TH ST. Miami Fl 33166	•					
					3. Date Incorporated or Qualified 06/16/1995	3a. Date of La	ast Report	
2. Principal Place of Business		2a. Mailing Address	 1		4. FEI Number		Applied For	
21	M =4-	26			65-0590186		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip			Country		8. This corporation has liability for it		lers 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No			
	5. Name and Address of Cur	eni negistarea Agent	81	Name	10. Name and Address of New R	egistered Agen	t	
CIOVAN	NNY, ALVES		["]					
	NNT, ALVES I.W. B4TH ST.		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
	FL 33166		83					
MINZINI I	12 33 100				•			
h			84	City		EI 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes	the above n	amed corry	ration submits this statement for the purp	TL	Its registered office	
or register	ired agent, or both, in the State of Fleith, and accept the obligations of, Se	опыа, фист спапце was authon ze t	by the corpo	pration's boa	ard of directors. Thereby accept the appo	intment as regist	iered agent. I am	
•	in a to accept the obligations of, or	sonon 907.0000, Florida Statties.						
SIGNATURE.	Signature, typed or printed name of registered ag	eent and thur if applicable. [NOTE	E: Registered Agent	signature require	20 whoe reinstating	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
TITLE	- D	□ DELETE	1. 1 TITLE			☐ Cha	nge	
NAME	ALVES, GIOVANNY		1.2 NAME					
STREET ADDRESS			1.3 STREFT	ADDRESS				
CrTY+S1+ZIP	MIAMI FL 33166			- 7IP	- 			
THILE	D	DEL ETE	2. 1 TITLE			Cha	nge 🔲 Addition	
NAME	ALVES, MIGUEL A		2.2 NAME					
STREET ADDRESS	8325 N.W. 64TH ST.		2.3 STREET ADDRESS					
City - St - ZiP	MIAMI FL 33166		3.1 TITLE					
TITLE NAME	S MADOADITA	-				☐ Cha	nge 🗌 Addition	
STREET ADDRESS	MORA, MARGARITA 8325 N.W. 64TH ST.		3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166				·			
THILE	T] DELETE		34 CHY-ST-ZIP 4 1 THE			☐ Chai	nge 🗀 Addition	
NAME	[] precit		4 2 NAME		El cuende El xonte		uile 🗀 Moditioti	
STREET ADDRESS			4.3 STREEL A	nnesss				
CITY-S7-ZIP			4.3 STREET 7					
TITLE		DELETE	5. 1 TITLE	, 		Char	nge Addition	
NAME			5.2 NAME *	and the second	40000183	5414		
STREET ADDRESS	DORESS		5.3 STREET ADDRESS		400001835414 Change Addition -05/22/9601110009 ***200.00			
CITY+ST-ZIP	M. M. I. Philade		5.4 CITY - ST	ZIP				
TITLE	DELETE		6 1 THLE			Char	nge 🔲 Addition	
NAMÉ			6.2 NAME		prz-	SYY		
STREET ADDRESS			6.3 STREET A	DDRESS	$\sim 10^{-1}$	\mathcal{N}^{\bullet}		
CITY-ST-ZIP			6.4 CHY-ST	7IP		•		
Ceruiy man	i tre illionnation indicaled on rais an	Di lat report or suppliemental applia	il ranort le truc	and accura	or the exemption stated in Section 119,0 to and that my signature shall have the o	7(3)(K), Florida Si		
oan, nat	Lam an officer or director of the com Block 12 or Block 13 if changed, o	poration of the receiver of trust ee (ernoowered to	execute this	s report as required by Chapter 607, Flor	ida Statutes; and	d that my name	

Dayt me Phone #