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

Mailing Address

8325 N.W. 64TH ST.

MIAMI FL 33168-2647

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8325 N.W. 64TH ST.

MIAMI FL 33168



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000048009 (1) DOCUMENT

MEC EXPRESS INTERNATIONAL INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 06/16/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0590186 26 Not Applicable 21 Sule, Apt. #, elo Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GIOVANNY, ALVES 8325 N.W. 64TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City 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 it am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Addition 1.1 TITLE PERSONAL Change TITLE Alves, WIDVAR ALVES, GIOVANNY 1.2 NAME 64 of £6 CR2E034 NAM 311 N.W 8325 N.W. 641H-97. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 14 CITY-ST-ZIP CIRY - \$1 - 712 Addition Change 21 TITLE DILLE ALVES. MIGURE A NAME 2.2 NAME 1/45, 8825 N.W. 64711 ST. 2.3 STREET ADDRESS STREET ADORESS MIAMI FL 33166 2 4 CITY-ST-ZIP CifY+S1-ZiF DELETE 3.1 TFFLE Change __ Addition 11111 .Mora: Margarita 3.2 NAME

6.4 CITY - ST- ZIP 14. Too 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 corpyration or the receiver or tractice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Chapter 6, or on an attriction with an address.

3.3 STREET ADDRESS

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5 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

34. CITY-ST-ZIP

41 TITLE

4. 2 NAME

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8825 N.W. 04111 ST.

MIAMI FL 33166

RIQUINED President SIGNING OFFICER OR DIRECTOR

DELETE

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0430/97 305-640-9877

Change

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FILED

May 08 1997 8:00am

Secretary of State

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