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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

0025 N.W. 04TH ST. 83 /1 N.W 6437

DOCUMENT # P95000048009 (1)

MEC EXPRESS INTERNATIONAL INC.

8925 N.W. 64TH ST. B311 N.N GN 67 MIAMI FL 33166 MIAMI FL 33166 MIANI, Fl. 3314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 6N 57 26 8311 $\omega.\omega$ 8311 6437 N.W 65-0590186 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 ى. B Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FL Minmi, Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33166 ☐ Yes Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New 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 City 84 Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE ALVES, GIOVANNY 1.2 NAME 8311 NW 64TH ST L5 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE TITLE ALVES, MIGUEL A 2.2 NAME NAME 8311 MW 64TH ST L5 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CHY-ST-ZIP DELFTE Change 3.1 TITLE ■ Addition NAME 3.2 NAME 3 3 STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 41110 F TETLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I hereby cortify 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 suppliemental 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 attaching it with an address.