## 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

P95000053042 (4)

DOCUMENT #

1. Corporation Name U.S. INTERNATIONAL EXPRESS, INC.



| 9836-C SAND   |  |                        |  |   |   |                     |                      |                              |
|---|--|------------------------|--|---|---|---------------------|----------------------|------------------------------|
| 9836-C SANDALFOOT BLVD<br>BOCA RATON FL 33428   |  |                        | 9836-C SANDALFOOT BLVD<br>BOCA RATON FL 33428  |   |   |                     |                      |                              |
|   |  |                        |  |   | <ol> <li>Date Incorporated or Qualified<br/>07/10/1995</li> </ol> | 3a. Date o          |                      |                              |
|   | ace of Business                                    | 2a. Mailing Address    |  |   | 4. FEI Number   | 1                   |                      | pplied For                   |
| 21  |  | 26                     |  | <u>-</u>  | 65-059300   | Ø                   |                      | ot Applicable                |
| Suite, Apt. 1   | #, etc.  | Suite, Apt. #, etc.    |  | ,,  | 5. Certificate of Status Desired                                  |                     |                      | Additional<br>lequired       |
| City & State  |  | City & State           |  |   | Election Campaign Financing     Trust Fund Contribution           |                     | Added                | May Be<br>to Fees            |
| Zip<br>24   | Country 25   | Ζιρ<br><b>29</b>       | Countr<br>30   | У   | 8. This corporation has liability for i<br>Florida Statutes Yes   | □ No                |                      | 199.032                      |
|   | g. Name and Address of Currer                      | nt Registered Agent    |  |   | 10. Name and Address of New R                                     | egistered A         | gent                 |                              |
|   |  |                        | 8  | 1 Name  |   |                     |                      |                              |
|   | , donna l<br>Sandalfoot BLVD                       |                        |  |   | ress (P.O. Box Number is Not Acceptab                             | le)                 |                      |                              |
| BOCA F  | RATON FL 33428                                     |                        | 8  | 3   |   |                     |                      |                              |
|   |  |                        | 8-   | 4 City  |   | FL                  | 85 Zip               | Code                         |
| SIGNATURE   | Signature, typed or perfed han elpf expitered ages |                        |  | लगे ९५५,३५४६ छन्।   | ADDITIONS/OHANGES TO OFF  | DATE<br>OF OR AND F | NOECTO               | 28 IN 12                     |
| 12.   |  | ID DIRECTORS           | 13.  |   | ADDITIONS/CHANGES TO OFF  | OERS AND L          |                      |                              |
| TITLE   | I DOTO   | C) Delete              | 1.1 100  | .   |   |                     | Change               | I I Addition                 |
|   | PSTD FOLIA   | DELETE                 | 1 1 TIELE<br>1 2 NAME  |   |   |                     | Change               | Addition                     |
| NAME  | FOLGO, DONNA L                                     |                        | 1.2 NAM  |   |   |                     | Change               | L Addition                   |
| NAME<br>STREET ADDRESS  | FOLGO, DONNA L<br>9836-C SANDALFOOT BLVD           |                        | 1.2 NAM  | EL ADORESS  |   |                     | Change               | Addition                     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | FOLGO, DONNA L                                     |                        | 1.2 NAMI<br>1.3 STRE   | ELLADORESS<br>-ST-ZIP   |   |                     | Change<br>Change     | Addition Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | FOLGO, DONNA L<br>9836-C SANDALFOOT BLVD           |                        | 1.2 NAMI<br>1.3 STRE<br>1.4 CHY  | E I ADDRESS<br>-ST-ZIP  |   |                     |                      |                              |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME  | FOLGO, DONNA L<br>9836-C SANDALFOOT BLVD           |                        | 1 2 NAM<br>1 3 STRE<br>1 4 CHY<br>2 1 THU<br>2 2 NAM<br>2 3 STRE   | E LADDRESS -ST-ZIP  E LADDRESS -ST-ZIP  |   |                     |                      |                              |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | FOLGO, DONNA L<br>9836-C SANDALFOOT BLVD           | ☐ DELETE               | 1 2 NAM<br>1 3 STRE<br>1 4 CHY<br>2 1 THU<br>2 2 NAM<br>2 3 STRE<br>2 4 CHY  | E LADDRESS -ST-ZIP E E E1 ADDRESS -ST-ZIP   |   |                     | Change               | ☐ Addition                   |
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red indexpy certify that the information supplied with this lening is voluntary further lead does not quality for the exemption stated in Section 1.19 075kg, Florida Statutes, 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR