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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070027 1. Corporation Name

CD EXPRESS CORPORATION

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90151 041 ***150.00



Principal Place of Business	Mailing Address		יעבני וינוסס נווסס וינוסס ווונס וווונס ווונס וווונס ווונס ווונס ווונס ווונס ווונס ווונס ווונס ווונס ווונס וווונס ווונס ווונס ווונס ווונס וווונס וווונס ווונס וווונס ווווונס ווווונס וווונס וווונס ווווונס ווווונס ווווונס ווווונס ווווונס וווונס וווונס וווונס וווונס וווווונס ווווונס ווווונס וווווונס ווווונס ווווונס ווווונס ווווונס ווווונס ווווונס ווווונס ווווונס ווווונס וווווונס וווווונס ווווווונס וווווווו	
8290 LAKE DR. B290 LAKE DR.			ł	
234 234				
MIAMI FL 33166 MIAMI FL 33166		DO NOT WRITE IN THIS SPACE		
US	US		3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address,		09/12/1995 4, FEI Number	Applied For
	26 9741 FONTAINE	bleau blvd	65-0611511	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	HEHU DAVIL		\$8.75 Additional
22 # 2//	27 #211		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	~\$5.00 May Be
23 MAMi - FL	28 MIAMI - F	-7	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intan	
24 33172 25 USA	29 33/72 3	0 <i>V.S.A</i>	1	Yes □No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
RUSCA, EDSON L			USCA, Edson L.	
8290 LAKE DR., #234			ress (P.O. Box Number is Not Acceptable)	1 4211
MIAMI FL 33166 83			FONTAINEBLEAU BLU	d#211
		65		
		84 City	IAMI- FI- FL	85 Zip Code
At D several to the provisions of Sections 607 0503 o	and 607 1509 Florida Statutes	the above named corr		anging its registered
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 FOR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Agent Agent Signature required when reinstating)				
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE D	☐ DELETE	1.1 TITLE		Change
NAME RUSCA, MARELA T		1.2 NAME	RUSCA, MARIELAT 741 FONTAINE BLEAU	1vd#211
STREET ADDRESS 8290 LAKE DR., #234		1.3 STREET ADDRESS 9	THI FONDAINE STATE	
CITY-ST-ZIP MIAMI FL 33166		1.4 CITY-ST-ZIP	MIAMI - FL - 33172	
TITLE D	☐ DELĒTE	2.1 TITLE	Rusca Edson Liena b	Change Addition
NAME RUSCA, EDSON L		22 NAME	RUSCA EUSEN FOLLOU B	Lvd #211
STREET ADDRESS 8290 LAKE DR., #234		2.3 STREET ADDRESS 9	741 100000000000000000000000000000000000	ļ
CITY-ST-ZIP MIAMI FL 33166			MIBMI - FL- 33/72	1 Change 1 Addition
TITLE	☐ DELETE	3.1 TITLE	ı	Change Accuson
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TILE .	F) neteric .	1	,	
NAME CONTROL OF THE PROPERTY AND PROPERTY AN		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	_ <u></u>	5.2 NAME	·	
STREET ADDRESS		5.3 STREET ADDRESS	•	•
[5.4 CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	6.1 TITLE		Change Addition
NAME	_	6.2 NAME		Ì
STREET ADDRESS		6.3 STREET ADDRESS		}
		0.5 STREET PODINESS	•	

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: