

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000076022 (9)

1. Corporation Name

EXPRESSWEB, INC.



Principal Place of Business: 19501 NORTHEAST 10 AVENUE, SUITE 203, NORTH MIAMI BEACH FL 33179
Mailing Address: 19501 NORTHEAST 10 AVENUE, SUITE 203, NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 10/03/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0612209
Applied For: Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [x] Yes [] No

2. Principal Place of Business: 21 [Blank]
2a. Mailing Address: 26 [Blank]
Suite, Apt. #, etc.: 22 [Blank]
City & State: 27 [Blank]
Zip: 24 [Blank] Country: 25 [Blank]
Zip: 29 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOPNICK, MICHAEL J	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE, SUITE 203	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRARUP, JENS	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE, SUITE 203	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARANI, SHERRY L	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE, SUITE 203	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	[Blank]	
13 STREET ADDRESS	[Blank]	
14 CITY-ST-ZIP	[Blank]	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	[Blank]	
23 STREET ADDRESS	[Blank]	
24 CITY-ST-ZIP	[Blank]	
31 TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	[Blank]	
33 STREET ADDRESS	[Blank]	
34 CITY-ST-ZIP	[Blank]	
41 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JEROLD HART	
43 STREET ADDRESS	19501 NE 10 Avenue, Suite 203	
44 CITY-ST-ZIP	North Miami Beach FL 33179	
51 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Sherry Hart	
53 STREET ADDRESS	19501 NE 10 Avenue, Suite 203	
54 CITY-ST-ZIP	North Miami Beach, FL 33179	
61 TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	[Blank]	
63 STREET ADDRESS	[Blank]	
64 CITY-ST-ZIP	[Blank]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] MICHAEL STOPNICK /4-29-96 305 654 9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)