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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092313 (2)

PERFECT EXPRESS, INC.

FILED

Feb 03 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				
245-SE-1ST-STREET 945-SE-1ST-STREET				
Suite 699		SUITE SSS		DO NOT WRITE IN THIS SPACE
- MAM 72 33131 M - 116,		MIAMI PE 33131		3. Date Incorporated or Qualified
-		•••		12/05/1995
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 B24	9 N.W 36"Street	26 BZ49 N.W	1.36"STRE	65-0627969 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	_	S8 75 Additional
22 S wi	te No. 115	27 SUITE NO	0.115	5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 Mif	<u> </u>	28 MIAMI	FL:	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country 30 U.S.A	8. This corporation owes or has paid the current year Intangible
24 331			30 U.S.A	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name				
	IRA, GUILHERME F.		O Name	VIEIRA, GUILHERME F.
ALCOHOL AND A				Address (P.O. Box Number is Not Acceptable) STREET
SUITE 333				BOTT NIME DE STREET
MHA	MI FL 8313 1		" •	Suite 115
			84 City	MIAMI FL 85 3366
44 Burningt	to the provinces of Continue 607 0603	and 607 1609 Florida Statuto		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 vity, and accept the obligations of, Section vity 0565, Florida Statutes.				
SIGNATURE	Signature sped or printed name of registured agent		: Registered Agent signature	01/04/18
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	-PSD	DELETE	1.1 TATLE	Change Addition
NAME	VIEIRA, GUILHERME F		1.2 NAME	
STREET ADDRESS	OAS OF ART STREET SHITE OF	12	1.3 STREET ADDRESS	8249 N.W. 364 STREET # 115
CITY-ST-ZIP	MIAMI FL 33194	•	1.4 CITY - ST - ZIP	MIAMI, FL 33164
TITLE	VTD	DELETE	2.1 TITLE	Change Addition
NAME	VIEIRA, FATIMA C		2.2 NAME	One of the cheer the
STREET ADDRESS	245 CE 1ST STREET, SUITE 20	12.	2.3 STREET ADDRESS	8249 N.W. 3645treet #115
CITY-ST-ZIP	-MIAMI FL 83131		2. 4 CiTY - ST - ZiP	MIAMI, FL. 33166
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 FITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETÉ	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby c	ertify that the information supplied with on this annual report or supplemental	n this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information conducts shall have the same legal effect as if made under oath; that I am an
indicated on this annual report or supplemental argums report is tracand 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 employered 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 appears.				