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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000092313

1. Corporation Name
PERFECT EXPRESS, INC.



Principal Place of Business: ~~8249 NW 36th St Suite No 115 Miami FL 33166 US~~
 Mailing Address: ~~8249 NW 36th St Suite No 115 3249 North West 36th Street Suite 115 Miami FL 33166 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **5049 NW 114 CT**
 Suite, Apt. #, etc.:
 22
 City & State: 23 **MIAMI, FL.**
 Zip: 24 **33178** Country: 25 **USA**
 2a. Mailing Address: 26 **8051 NW 36th St.**
 Suite, Apt. #, etc.:
 27 **SUITE 400**
 City & State: 28 **MIAMI, FL**
 Zip: 29 **33166** Country: 30 **USA**

3. Date Incorporated or Qualified: **12/05/1995**
 4. FEI Number: **65-0627969** 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
VIEIRA, GUILHERME F
~~7249 NW 36TH ST SUITE 115 MIAMI FL 33166~~

10. Name and Address of New Registered Agent
 81 Name: **VIEIRA, GUILHERME F.**
 82 Street Address (P.O. Box Number is Not Acceptable): **5049 NW 114 CT**
 83
 84 City: **MIAMI** FL 85 Zip Code: **33178**

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]* **VIEIRA, GUILHERME** 1/11/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	VIEIRA, GUILHERME F	
STREET ADDRESS	8249 NW 36TH ST SUITE 115	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	VIEIRA, FATIMA C	
STREET ADDRESS	8249 NW 36TH ST SUITE 115	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VIEIRA, GUILHERME F.	
1.3 STREET ADDRESS	5049 NW 114 CT	
1.4 CITY-ST-ZIP	MIAMI, FL 33178	
2.1 TITLE	UTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VIEIRA, FATIMA C.	
2.3 STREET ADDRESS	5049 NW 114 CT	
2.4 CITY-ST-ZIP	MIAMI, FL 33178	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* **VIEIRA, GUILHERME** 1/11/99 (305) 463-7871
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)