SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000095420 (2)**

1. Corporation Name
MULTISERVICES EXPRESS INC.

Principal Place of Business	Mailing Address
110 SW 17 AVENUE #1 MIAMI FL 33135	110 SW 17 AVENUE #1 MIAMI FL 33135

3. Date Incorporated or Qualified: 12/18/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1835 West Flagler ST	26 525 N.W. 72 AVE
Suite, Apt. #, etc. 22 # 6	Suite, Apt. #, etc. 27 502
City & State 23 Miami Fl	City & State 28 Miami Fl
Zip / Country 24 33135 / 25 U.S.A.	Zip / Country 29 33126 / 30 U.S.A.

4. FEI Number: 65-0635984 — ☐ 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. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAYORGA, CLAUDIA C
110 SW 17 AVENUE #1
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: Lopez, Tuana De La Caridad
82 Street Address (P.O. Box Number is Not Acceptable): 525 N.W. 72 AVE #502
83
84 City: Miami FL 85 Zip Code: 33126

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: Tuana De La Caridad Lopez — 7/3/96
Signature, type/printed name of the registered agent and title, if applicable (NOTE: Registered Agent signature required when restated) — DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MAYORGA, MAURICIO E 110 SW 17 AVENUE #1 MIAMI FL 33135	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MAYORGA, CLAUDIA C 110 SW 17 AVENUE #1 MIAMI FL 33135	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Lopez, Tuana De La Caridad 525 NW 72 Ave #502 Miami Fl 33126	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	000001912950 -08/05/96--01043--038 ***225.00	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tuana De La Caridad Lopez — 7/3/96 (305)2619398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #