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PROFIT CORPORATION ANNUAL REPORT
1999 2000

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

DOCUMENT # P96 00000 7493

Corporation Name
N.Y. Expressions Corp, #311
4970 SW 52nd St,
Davie, FL 33314

Principal Place of Business / Mailing Address
(Same) (Same)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State	City & State 28
Country 25 / Zip 29 / Country 30	

3. Date Incorporated or Qualified: 01/22/96
4. FEI Number: 65-0638543 ☐ 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
Merva Nieves
4970 SW 52nd St.
Davie, FL 33314

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE: President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: Carmen Nieves		1.2 NAME	
ADDRESS: 1152 Ginger Circle		1.3 STREET ADDRESS	
CITY-ST-ZIP: Weston, FL 33326		1.4 CITY-ST-ZIP	
TITLE: Vice-President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: Mushtaq Hussain		2.2 NAME	
ADDRESS: 3031 Turtle Run Blvd. #722		2.3 STREET ADDRESS	
CITY-ST-ZIP: Coral Springs, FL 33067	☐ DELETE	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: X MC Nieves Maria del C. Nieves 5/01/00 954-584-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #