

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000014590 (9)

1. Corporation Name

SOUTH EXPRESS WAY, INC.

Principal Place of Business

7279 NW 36 STREET
MIAMI FL 33166

Mailing Address

7279 NW 36 STREET
MIAMI FL 33166-0702



2. Principal Place of Business

21 2874 N.W 79 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL 33122

Zip

Country

24

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/15/1996

3a. Date of Last Report

FIRST

4. FEI Number

65-0651947

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

GALLO, LOUIS F
1200 DANBURY AVENUE
DAVE FL 33325

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

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]

REGISTERED AGENT

2/3/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALAZAR, JOSE ALVARO C	
STREET ADDRESS	7279 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALI, YULIA C	
STREET ADDRESS	7279 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALI, JOSE ALVARO C	
STREET ADDRESS	7279 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALI, GERMAN DARIO C	
STREET ADDRESS	7279 NW 36 STREET	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SALAZAR, JOSE ALVARO C	
13 STREET ADDRESS	2874 NW 79 AVE	
14 CITY-ST-ZIP	MIAMI, FL 33122	
21 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ALI, YULIA C	
23 STREET ADDRESS	2874 NW 79 AVE	
24 CITY-ST-ZIP	MIAMI FL 33122	
31 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ALI, JOSE ALVARO C	
33 STREET ADDRESS	2874 NW 79 AVE	
34 CITY-ST-ZIP	MIAMI, FL 33122	
41 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ALI, GERMAN DARIO C	
43 STREET ADDRESS	2874 NW 79 AVE	
44 CITY-ST-ZIP	MIAMI, FL 33122	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

(305) 592-2034

Date

Daytime Phone

CR2E034 (9/96)