## 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 #** P96000021633 (8)

<ol> <li>Corporation</li> </ol>	EXPRESS, INC.	0021000 (0)					
Principal Place	e of Business	Mailing Address					
3706 E INDUSTRIAL WAY 3706 E INDUSTRIAL WAY RIVIERA BCH FL 33404 RIVIERA BCH FL 33404			Y				
US US					DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
	•				3. Date Incorporated or Qualified 03/07/1996		
2. Principal Place of Business		2a. Mailing Address				olied For	
21		26				Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	•	City & State		- • •	Election Campaign Financing     Trust Fund Contribution     Added to		
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the current year Inta	ingible	
24	25 29 30		30	_	Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent		
	NDES, CARLOS A		8.	Name		-	
	06 É INDUSTRIAL WAY TERA BCH FL 33404		83	Street A	Address (P.O. Box Number is Not Acceptable)	·	
			83	3			
			84	17	FL 85 Zip C		
	o the provisions of Sections 607,050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was ations of, Section 607.0505, Fl	tes, the abor authorized b orida Statute	/e-named or by the corp es.	corporation submits this statement for the purpose of changing its location's board of directors. I hereby accept the appointment as re	registered egistered	
SIGNATURE .	Signature, typed or printed name of registered age	m) and title if applicable. (NOT	E; Registered A	ent signature i	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	CEO	☐ DELETE	1,1 TITLE		☐ Change	Addition	
NAME	MENDES, CARLOS		1,2 NAME			j	
STREET ADDRESS	3706 E INDUSTRIAL WAY			T ADDRESS			
CITY - ST - ZIP	RIVIERA BCH FL		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	Addition	
NAME			2.2 NAME				
STREET ADORESS	NESS \		2.3 STREE	T ADDRESS	$x_{\mathbf{x}_{\mathbf{x}^*}}$		
CITY - ST - ZIP			2. 4 CITY	ST-ZIP			
TITLE	<b></b>		3.1 TITLE 3.2 NAME		Change	Addition	
NAME				1			
STREET ADDRESS				TADDRESS		i	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY	SI-ZIP	Change	Addition	
NAME			4. 2 NAM	.	Comp.		
STREET ADORESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ţ		j	
TITLE		DELETE	5.1 TITLE	01-4F	Change	Addition	
NAME			5.2 NAME	]			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY -				
TITLE	T		6.1 TITLE	<u></u>	Change	Addition	
NAME			6.2 NAME	J		}	
STREET ADDRESS			6.3 STREE	T ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

**IGNATURE REQUIRED** 

**FILED** 

Jan 22 1998 8:00am

Secretary of State