

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000021746

1. Corporation Name

E. T. G. EXPRESS INTERNATIONAL CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -1 AM 11:45



Principal Place of Business

7267 N.W. 12 STREET
MIAMI FL 33126

Mailing Address

7267 N.W. 12 STREET
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1996

4. FEI Number

65-0656670

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 9. Name and Address of Current Registered Agent

VILLARROEL, PEDRO
7267 N.W. 12 STREET
MIAMI FL 33126

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. 2333 Brickell Ave, Apt 306

84. City Miami

FL 85. Zip Code 33129

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE ☐ DELETE

NAME
PD
VILLARROEL, PEDRO
7267 N.W. 12 STREET
MIAMI FL 33126

12. TITLE ☐ DELETE

NAME
VD
DELA MORA, MARIA I
7267 N.W. 12 STREET
MIAMI FL 33126

13. TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

14. TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
21. TITLE

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99

0182400

CR2E034 (11/98)