## 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 # P96000026718 (2)

UNIVERSAL EXPRESS ENTERPRISE, INC.

Principal Plac 8355 NW SO MINME FL 33	UTH RIVER DRIVE	Mailing Address "8200-NW-60UTH RIVER MANI-FL 33166	<del>) DRIV</del> E	DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified	
Ī.				03/26/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 825	V	26 8258 NW	So. River Dr	65-0656070	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
City & State	A	City & State		B Floring Consider Floring	Fee Required
23 MI	AMI FL	28 MIAMI	FL	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	t year Intangible
24 <b>33</b> /6		29 33/66	30 Dade	Personal Property Tax due June 30.	
<u> </u>	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Age	ent
82 Mi	POSO, DMITRE 68 NW SOUTH RIVER DRIVE AMI FL 33166		82 Street 825 83 84 City	11AM1 FL 55166 FL	35 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, 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  Speaking, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DI	BECTORS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		Change Addition
NAME	RAPOSO, DMITRE		1.2 NAME	Raposo, Dmitre	
STREET ADDRESS	-8260 NW SOUTH RIVER DRIV	Έ	1.3 STREET ADDRESS	8258 N.W. So. River Dr	
CITY-ST-ZIP	MIAMI-FL-99166		1.4 CITY - ST - ZIP	MIANI, FL 33166	)
TITLE		☐ DELETE	2.1 7/TLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP	and the second s	
TITLE		DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME	·	onange
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	5.1 TITLE		Change Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		DELETE	6.1 TITLE		Change
NAME			6.2 NAME		
STREET ADDRESS			SOURCE ADDRESS		

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 another 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.

Druitus Papaco /19/98

CR2E034 (10/97)

**FILED** 

Jan 27 1998 8:00am

Secretary of State