

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90039 035 ***150.00

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1. Corporation Name

RET Global Export
dba/EXPRESSO MESSENGER SERVICE ✓

Principal Place of Business

Mailing Address

DADE County FL 8145 NW 7 St #317
8145 NW 7 St #317 MIAMI, FL 33126
MIAMI, FL 33126 ✓

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07-30-96

2. Principal Place of Business

2a. Mailing Address

21 173 N. SHORE DR. 26 173 N. SHORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. # 11

27 # 11

City & State

City & State

23 MIAMI BEACH, FL 28 MIAMI BEACH, FL

Zip

Country

Zip

Country

24 33141 25 US 29 33141 30 US

4. FEI Number

65-0681229 ✓

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

10. Name and Address of New Registered Agent

RET Global Export/LEONE MERA
8145 NW 7 St # 317
MIAMI, FL 33126

81 Name RET Global Export/LEONE MERA

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

173 N. SHORE DR.

83 # 11

84 City MIAMI BEACH

FL

85 Zip Code 33141

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRINCIPAL ☒ DELETE
NAME EXLIDES A. FRANCISCO
STREET ADDRESS 8145 NW 7 St # 317
CITY-ST-ZIP MIAMI, FL 33126

1.1 TITLE PRINCIPAL ☒ Change ☐ Addition
1.2 NAME LEONE A. MERA
1.3 STREET ADDRESS 173 N. SHORE DR #11
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 and typed or printed name of signing officer or director

Date

Daytime Phone #

LEONE A. MERA, 04-27-99 (305) 321-3672

CR2E034 (11/98)