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 # P9600054477 (0)

CATERERS EXPRESS SERVICE CORPORATION

Principal Place of Business Mailing Address 198 W 25TH ST 196 W 25TH ST HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0676027 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MARQUEZ, JOSE M 782 NW LEJEUNE RD., STE. 548 82 Street Address (P.O. Box Number is Not Acceptable) City 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, typed or printed name of registernit agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change ___ Addition NAME ZAYAS, LUIS ALBERTO 1.2 NAME 8925 COLLINS AVE -#2F STREET ADDRESS 1.3 STREET ADDRESS SURFSIDE FL 33154 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME ZAYAS, AURORA RITA 2.2 NAME STREET ADDRESS 8925 COLLINS AVENUE-#2F 2.3 STREET ADDRESS SURFSIDE FL 33154 CITY-ST-7IP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 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 convertion or the receiver or sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE CONTRACT

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

04-30-08

R2E034 (10/97)

Change

Change

Addition

Addition

FILED

May 12 1998 8:00am

Secretary of State