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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079170 (2)

EXPORT EXPRESS INC.

Principal Place of Business	Mailing Address	
7505 SW 82ND ST. APT. 308 MIAMI FL 33143	7505 SW 82ND ST. APT. 308 MIAMI FL 33143-7339	
		1
2. Principal Place of Business	2a. Mailing Address	

FILED Mar 12 1997 8:00am Secretary of State



7505 SW B2ND ST. APT. 308 MIAMI FL 33143			7905 SW 8280 ST. APT. 308 MIAMI FL 33143-7339					
						3. Date Incorporated or Qualified 09/24/1996	3a. Date of La	st Report
2. Principal f	Pace of Business	2a. Mailing A	ddress			4. FEI Number	<u> </u>	Applied For
21		26				65-0698357		Not Applicable
Suite, Apt 22	#. etc	Suite, Apl	. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & Sta	tn .	City & Sta	ite			6. Election Campaign Financing		00 May Be
23	Country	28	<u> </u>	Country	·····	Trust Fund Contribution		ded to Fees
Zip 24	25	29		0		8. This corporation has liability for Florida Statutes	ntangible tax und Yes \[\] No	er s. 199.032,
24		of Current Registered Age		91		10. Name and Address of New Re	-	
RU	REY, VIELKA T		•	81	Name			
	5 SW 82ND ST. APT. 30	8		82	Stroot Add	ress (P.O. Box Number is Not Acceptab	ulo)	
	WI FL 33143	_		Q2	Street Add	ress (F.O. Box Number is Not Acceptat		
				83				
				84	City		FL 85	Zip Code
11. Pursuant off-ce or agent. I:	t to the provisions of Sections registered agent, or both, in am landiar with, and accept	607.0502 and 607.1508, F the State of Florida Such c the obligations of, Section 6	lorida Statutes hange was au 607.0505, Flori	the abov thorized body da Statute	L e-named corp the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changi	ng its registered it as registered
SIGNATURE	·	-						
	Stgratus, typed or perfect same of re		(NOTE:		ent signature requi	lred when reinstating)	DATE	
12.	OFFIC	CERS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
TITLE	BUREY, VIELKA T	_	1 nerete	1 1 TITLE				ige C Maggion
NAME	TEAS OUR OOME OF AL	or and		1.2 NAME				
STREET AUDRESS	MIAMI FL 33143	1. 000			ADDRESS			
City SI-ZiP Title	MICHIEL 00170		DELETE	14 CITY-:	SI-ZIP		☐ Cha	nge Addition
NAME		_	J DERETE	2.2 NAME				
STREET ADDRESS					ADDRESS			i
CITY ST-7P				2. 4 CITY-				
111(1			DELETE	3.1 TITLE	3, 211		Cha	nge Addition
NAME				3.2 NAME				
STREET ADDRESS					T ADDRESS			
CHY 51-209				3.4 CITY-				
TIFLE			DELETE	4.1 TITLE			☐ Cha	nge Addition
NAMÉ				4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADORESS			
CITY - ST. ZIP				4.4 CITY -	ST-ZIP			
TOLE			DELETE	5.1 TITLE			☐ Cha	nge Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	r address			
C:TY-ST-7/P	1			5.4 CITY -	ST - ZIP			
THEF			DELETE	6.1 TITLE			Cha	nge Addition
NAME	/	,		6.2 NAME				
STREET ADDRESS	I	/		6.3 STREE	T ADDRESS			
CHTY - ST - ZIP	\perp 1			6.4 CITY-				
14 Los bore	ety certify that the information	a supplied with this filing do	es not qualify	for the ev	emption state	d in Section 119 07(3)(i). Florida Statute	s. I further certify	that the

To a broady commy manner information supplies with this ming does not quality for the exemption stated in section 119.07(3)(i) Florida Statutes. I further certify that the information exclusive shall have the same legal effect as if made under oath; that I am an officer or discitor of the corporation as 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 3 life payages for on an attachment with an address.

SIGNATURE: