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 # P96000079512 (5)

D & C EXPRESS, INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					-{		
1361 NORTHWEST 185TH AVENUE 1361 NORTHWEST 185TH AVENUE				İ			
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029					:		
TEMPTOTIC THEO IE GOED					DO NOT WRITE IN THIS SPACE		
				Ì	3. Date Incorporated or Qualified		
					09/25/1996		
	lace of Business	2s. Mailing Address			4, FEI Number	Applied For	
21 1637	2 5.W. 66th st.	26 16372 5.4	1. 66 th	5/-	65-0696959	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	1.1		6. Election Campaign Financing	\$5.00 May Be	
23 Ff.	LanderSale	28 77: / ande	rdale		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the c		
24 333	31 25 BROWARD	29 3333/ 30	Brower	<u>~</u>	Personal Property Tax due June 30.	Yes ZNo	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
DE LA HOZ, DELIA 81 Name							
PEMBROKE PINES FL 33029					s (P.O. Box Number is Not Acceptable)		
						/	
63							
			84			85 Zip Code	
			77.	\mathcal{L}	audordale F	L 3373 /	
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							
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 readsland 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 lamitar with a directors of Section 607.0505, Florida Statutes.							
SIGNATURE CAMPE (A 403. 4/2/98							
Agriative, type or profited curine of industried agent and tide it agest withter (NOTE Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	DE LA HOZ, DELIA		1.2 NAME				
STREET ADDRESS	1361 NORTHWEST 185TH AVE	NUE	1.3 STREET ADDRESS	163	172 S.W. 66 th st	•	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY - ST - ZIP	FT.	172 S.W. 66 12 St.	33.93/	
TITLE		DELETE	2.1 TITLE			Change Addition	
NAME			22 NAME				
STREET ADDRESS			23 STREET ADDRESS				
CITY-ST-ZIP		l	2. 4 CiTY+ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST- ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		T-1	☐ Change ☐ Addition	
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DECETE	5.1 TIFLE			☐ Change ☐ Addition	
NAME			52 NAME				
			5.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change Addition	
		LJ offer				Thomas Thomas	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	L			

14. I hereby certify that the information supplied with this filling 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 supplienced around 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 generator of 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 or blanked, or on an attachment with an address.

SIGNATURE:

176

WIN DE CA HO

4/2/98

(305) 558-2505