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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997	-			
DOCUMENT #	P9600008056			

Souti	<del>-sargen express, inc</del> . heru Pearl A	Eypress, Inc	2.			
Principal Place of Business 9110 SW 137TH AVE. APT 201		Mailing Address 9110 SW 137TH AVE. AP	T 901	<del></del>		41 <b>50:5</b> 1 (61): 01:61 51 (6 51)0 ( 7)1 (00)
MIAMI FL 3316		MIAMI FL 33186-1414	1 801			
•					3. Date Incorporated or Qualified 09/27/1996	3a. Date of Last Report
2. Principal F	lace of Business	2a. Mailing Address 26			4. FEI Number 65-07/723.	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt., #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	e	City & State	· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29]	Country		8. This corporation has liability for	
24	9. Name and Address of Currel		1901		10. Name and Address of New Ro	
	MAR, ALBIS		81	Name		
	0 SW 137TH AVE. APT 201 MI FL 33186		82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)
,			83			
,			84	City		FL 65 Zip Code
11. Pursuant office or agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State rn familiar with, and accept the oblig	02 and 607.1508, Florida Statu o of Florida. Such change was lations of, Section 607.0505, Fl	ites, the above authorized by lorida Statutes	e-named corp the corporat	oration submits this statement for the ion's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE.	Signature typed or printed name of registered ag	ent and title if applicable (NO	TE: Registered Age	ni signature requir	ed when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
THE	D	[_] DELETE	1.1 TITLE			Change Addition
NAME	AGUIAR, ALBIS		1.2 NAME	·		
STREET ADDRESS	9110 SW 137TH AVE. APT 20	11	1.3 STREET	ADDRESS		
CITY-\$1-ZIP	MIAMI FL 33188		1.4 CITY-S	T-ZIP	14.444.5.5.5.5.14.11.44.5.5.5.5.5.5.5.5.	
TITLE	D CALUDY	☐ DELETE	2.1 TITLE	- 1		Change Addition
NAME	AGUIAR, SAHIDY	.4.	2.2 NAME			
STREET ADDRESS	9110 SW 137TH AVE. APT 20	<b>'I</b>	2.3 STREET			
CITY - ST - ZIP	MIAMI FL 33188	☐ DELETE	2. 4 CITY - S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE NAME		רו מנרנונ	3.1 TITLE 3.2 NAME			Change Addition
			3.2 NAME	ADDOLCC		
STREET ADORESS CITY-ST-ZIP			3.4. CITY-5	1		
1-31-2F		DELETE	4.1 TITLE	11. TH.		Change Addition
NAME			4. 2 NAME	ĺ		2K4797
STREET ADDRESS			4.3 STREET	ADDRESS		024001
CITY-S1-ZIP	}	,	4.4 CITY-S			KULL
HILE		DELETE	5.1 TITLE			Chan Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	address	•	
CITY - ST-ZIP			5.4 CITY - S	T- ZIP		
TITLE		☐ DELETE	6.1 THTLE		50000518	
NAME			6.2 NAME		-05/16/97010	U8U3b
Depres (Species	İ		0.3.010/01	ADDRESO	新発表 1 代子 【八】	

14. I do hereby cerlify 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.

6.4 City-ST-ZIP

SIGNATURE:

CITY-SI-ZIP

**FILED** 

May 07 1997 8:00am

Secretary of State