

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90066 007 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000080565**

1. Corporation Name

**SOUTHERN PEARL EXPRESS, INC.**

Principal Place of Business

**9110 SW 137TH AVE. APT 201  
MIAMI FL 33186-1414**

Mailing Address

**9110 SW 137TH AVE. APT 201  
MIAMI FL 33186-1414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/27/1996**

4. FEI Number

**65-0717235**

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

2. Principal Place of Business

**21 6405 N.W. 36th St.**

2a. Mailing Address

**26 6405 N.W. 36th St**

Suite, Apt. #, etc.

**22 #208**

Suite, Apt. #, etc.

**27 Suite #208**

City & State

**23 Miami, Fl.**

City & State

**28 Miami, Fl.**

Zip

**24 33166**

Country

**25 Miami - Dade**

Zip

**29 33166**

Country

**30 Miami - Dade**

9. Name and Address of Current Registered Agent

**AGUIAR, ALBIS**

**9110 SW 137TH AVE. APT 201**

**MIAMI FL 33186**

10. Name and Address of New Registered Agent

**81 Name Isela Aguiar**

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

**6405 N.W. 36th STREET**

**83 Suite #208**

**84 City Miami, Fl.**

**FL**

**85 Zip Code**

**33166**

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 **Isela Aguiar**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/17/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **AGUIAR, ALBIS**  
STREET ADDRESS **9110 SW 137TH AVE. APT 201**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☒ DELETE  
NAME **AGUIAR, SAHIDY**  
STREET ADDRESS **9110 SW 137TH AVE. APT 201**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **ISELA AGUIAR**  
1.3 STREET ADDRESS **6405 N.W. 36 STREET #208**  
1.4 CITY-ST-ZIP **Miami, Fl. 33166**

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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: **Isela Aguiar**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/99 305-870-9922**  
Date Daytime Phone #

CR2E034 (11/98)