

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

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**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

21. Principal Place of Business: 6405 N.W. 36th St. #208 Miami, Fl.  
 22. Suite, Apt. #, etc.: #208  
 23. City & State: Miami, Fl.  
 24. Zip: 33166  
 25. Country: Miami-Dade  
 26. Mailing Address: 6405 N.W. 36th St Suite # 208 Miami, Fl.  
 27. Suite, Apt. #, etc.: Suite # 208  
 28. City & State: Miami, Fl.  
 29. Zip: 33166  
 30. Country: 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: Isele Aguiar 82 Street Address (P.O. Box Number is Not Acceptable): 6405 N.W. 36th STREET Suite # 208 83 City: Miami, Fl. 84 Zip Code: FL 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: *Isele Aguiar* DATE: 2/17/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D AGUIAR, ALBIS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D ISELA AGUIAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGUIAR, ALBIS	1.2 NAME	ISELA AGUIAR
STREET ADDRESS	9110 SW 137TH AVE. APT 201	1.3 STREET ADDRESS	6405 N.W. 36 STREET # 208
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Miami, Fl. 33166
TITLE	D AGUIAR, SAHIDY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUIAR, SAHIDY	2.2 NAME	
STREET ADDRESS	9110 SW 137TH AVE. APT 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Isele Aguiar* DATE: 2/17/99 305-970-9922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)