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 #Corporation Name P96000100795 (9)

GLOBAL EXPRESS CORP.

Principal Place of Business Mailing Address 8307 NW 68TH ST 8307 NW 68TH ST MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0718055 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zio 70 Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SKOLA, THOMAS J 5201 BLUE LAGOON DRIVE, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33126** 83 Zip Code 84 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 agont, or with, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Se 04/23/98 **SIGNATURE** e of registared accordance title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change TITLE PARAFIORITI, DANIEL H 1.2 NAME NAME 8307 NW 68TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 TITL€ TITLE SKOLE, THOMAS J 2.2 NAME NAME 5201 BLUE LAGOON DR, SUITE 100 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY+ST-ZIP Change Addition TITLE DELETE 4.1 TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 City - St - ZiP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

This filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in finerit with an address. indicated on this annual officer or director of the Block 12 or Block 13 c report or chariged, c

SIGNATURE:

14. Thereby certify that the in

i supplied wi

formatic

CITY-ST-ZIP

DANIEL HUMBERTO PARAFIORITI

04/23/98

FILED

May 05 1998 8:00am

Secretary of State

395-597-0074