

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103091 (0)

1. Corporation Name
EXPRESS INVESTIGATIONS, INC.

Principal Place of Business

7958 TENNYSON CT
BOCA RATON FL 33433

Mailing Address

7958 TENNYSON CT
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1996
3a. Date of Last Report 12/15/97

4. FEI Number 65-0724993
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 950 N. FEDERAL HWY
Suite, #, etc. 207
22 207
City & State 23 Pompano Beach
Zip 24 33062 Country 25 Broward
26 950 N. FEDERAL HWY
Suite, #, etc. 207
27 207
City & State 28 Pompano Beach
Zip 29 33062 Country 30 Broward

9. Name and Address of Current Registered Agent

MATHESON, ERIC J
205 WORTH AVE
SUITE 320
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name GABRIEL OHAYON
82 Street Address (P.O. Box Number is Not Acceptable) 950 N. FEDERAL HWY #207
83
84 City Pompano Beach FL 85 Zip Code 33062

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

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

GABRIEL OHAYON

4/10/97

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|-----------------------|
| TITLE | D | 1.1 TITLE | D |
| NAME | OHAYON, ESTHER | 1.2 NAME | ESTHER OHAYON |
| STREET ADDRESS | 7958 TENNYSON CT | 1.3 STREET ADDRESS | 7989 GUNLA VISTA CR |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 1.4 CITY-ST-ZIP | BOCA RATON, FL. 33433 |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE:

ESTHER OHAYON

4/10/97 (ac) to: E

CR2E034 (4/97)