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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90106 032 \*\*\*158.75

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1. Corporation Name  
RIAL EXPRESS, CORP.

Principal Place of Business  
8505 NW 64TH STREET  
MIAMI FL 33166

Mailing Address  
C/O ROBERTO F. RIVAS  
P.O. BOX 160727  
MIAMI FL 33116-0727

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 11828 SW 100th STREET

2a. Mailing Address

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State  
MIAMI FLORIDA

27 City & State

24 Zip 33186 25 Country USA

28 Zip 30 Country

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number  
65-0724053

Applied For  
Not Applicable

5. Certificate of Status Desired XX \$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. XX Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVAS, ROBERTO F  
8556 NW 64TH STREET  
MIAMI FL 33166

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 11828 SW 100th STREET  
84 City MIAMI, FLORIDA FL 85 Zip Code 33186

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 *Robert F. Rivas*  
Signature, typed or printed name of registered agent and title if applicable.

ROBERTO F. RIVAS - PRESIDENT  
(NOTE: Registered Agent signature required when reinstating)

APRIL 26/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RIVAS, ROBERTO F  
STREET ADDRESS 11828 SW 100TH STREET  
CITY-ST-ZIP MIAMI FL 33186

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VS  
NAME ALARCON, EDUARDO W  
STREET ADDRESS 10192 NW 41 STREET #105  
CITY-ST-ZIP MIAMI FL 33178

2.1 TITLE VD  
2.2 NAME RIVAS, LILA B.  
2.3 STREET ADDRESS 11828 SW 100th STREET  
2.4 CITY-ST-ZIP MIAMI FLORIDA 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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: *Robert F. Rivas* ROBERTO F. RIVAS - PRESIDENT APRIL 26/99 (305) 410-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)