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 # P97000016689 (6)

EXPRESS EXPORT OF MIAMI CORPORATION

Principal Place of Business

Mailing Address

245 SE 1ST ST., STE. 236 MIAMI FL 33131-1905 245 SE 1ST ST., STE. 236

FILED May 19 1998 8:00am Secretary of State



MICHIEL COLOCA		WINNI I E OSTOTI SOO		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address		02/21/1997 4. FEI Number Applied For	
21		26 P.O. BOX	41625	7 65-073 00 79 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7.43515	SR 75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State				6. Election Campaign Financing \$5.00 May Be	
23		City & State 28 HIAMI BE	ACH, FL	Trust Fund Contribution	
Z ip	Country	71p 29 33/41-8257 30	Country	8. This corporation owes or has paid the current year Intangible	
24	25		DADE		
	9. Name and Address of Currer	nt Registered Agent	221	10. Name and Address of New Registered Agent	
	ITOS, CLAUDIO L		81 Name		
	SE 1ST ST., STE. 236		82 Street	Address (P.O. Box Number is Not Acceptable) 7501 E. TREAGURE DR. 4PHR	
MIA	MI FL 33131-1905		1 7	1501 ETREAGURE DR. FPAR	
			83		
			84 City	85 Zip Code	
				IORTH DAY VIIIAGE FL 33/4/	
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 607.0506, Florida Statutes.					
SIGNATURE					
	Signature, typed or proted name of regetered age			required when reinstairing) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Attros of those t	☐ DELETE	1.1 TITLE	P/D Change Addition	
NAME	SANTOS, CLAUDIO L		1.2 NAME		
STREET ADDRESS	245 SE 1ST ST., STE. 236		1.3 STREET ADDRESS	7501 E TREAGURE DR XPHR	
CITY-ST-ZIP	MIAMI FL 33131-1905		1.4 CITY-ST-ZIP	7501 E. TREAQUE DR & PHR N. B. V. FL 33141	
TITLE		☐ DELETE	21 TITLE	Change (_) Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CiTY-ST-ZIP		DO EVE	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+\$1-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change L. Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP	<u> </u>	
14. I hereby co	ertily that the information supplied w	ith this filing does not qualify for the	he exemption state	ed 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 or an attachment with an address					

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