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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # P97000017604

1. Corporation Name
TRIPOD EXPRESS MULTI SERVICES INC.

Principal Place of Business
MIAMI FLORIDA

Mailing Address
6220 NW 2 AVE
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
FEBRUARY 25, 1997

2. Principal Place of Business
21 6220 NW 2 AVE
Suite, Apt. #, etc.
22

2a. Mailing Address
26 6220 NW 2AVE
Suite, Apt. #, etc.
27

4. FEI Number
650730247
☐ 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

City & State
23 MIAMI FLORIDA
Zip
24 33150
Country
25 DADE

City & State
28 MIAMI FLORIDA
Zip
29 33150
Country
30 DADE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWTON D. PIERRE
4100 NORTH MIAMI AVENUE #206
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name ORES NELSON
82 Street Address (P.O. Box Number is Not Acceptable) 2500 W 56 ST #1210
83
84 City HIALEAH FL 85 Zip Code 33016

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 ORES NELSON — 4/26/98
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>NEWTON D PIERRE<br>4100 NORTH MIAMI AVE #206<br>MIAMI FL 33127 | ☒ DELETE | 11 TITLE P<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | PRESIDENT<br>ORES NELSON<br>2500 W 56 ST #1210<br>HIALEAH FL. 33016 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>MARIE L. PIERRE<br>4100 NORTH MIAMI AVE #206<br>MIAMI FL 33127 | ☒ DELETE | 21 TITLE S<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | SECRETARY<br>SHAKEVIA NELSON<br>6220 NW 2AVE<br>MIAMI FL 33150 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE-PRES<br>VERONEL PIERRE<br>RUE ST PAUL #31<br>PORT AU PRINCE HAITI | ☒ DELETE | 31 TITLE V<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | VICE PRESIDENT<br>MARIE C. LAROCHE<br>2500 W 56 ST #1210<br>HIALEAH FL 33016 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>PIERRE FRANCOIS<br>177 N.E 70 ST<br>MIAMI FL 33138 | ☒ DELETE | 41 TITLE T<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | TREASURER<br>JACQUES P. SAINVIL<br>6220 NW 2AVE<br>MIAMI FL 33150 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | LS 5-6 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | 000002518080<br>-05/11/98--01019--028<br>***150.00 | ☐ Change ☐ Addition |

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.

**SIGNATURE:** Newton D Pierre — 4/29/98 — (305) 758-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)