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

PROFIT CORPÓRATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000021774 (9)

S&L EXPRESS, INC.

FILED Apr 20 1998 8:00am Secretary of State

4/14/98 (954) 723-0931

; ;			
Principal Place of Business	Mailing Address		T TO DISPOSE FOR THE SPARE OF THE ODEST OF THE STATE OF T
1789 S.W. 81ST LANE	1789 S.W. 81ST LANE		
DAVIE FL 33314	DAVIE FL 33314		
			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
			03/10/1997
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 3436352 Applied For Not Apolicable
21	26		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & State	City & State		Election Campaign Financing \$5.00 May Be
23 Country	28	Country	Trust Fund Contribution Added to Fees
Zip Country 24 25	Zip 29	Country	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		30	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
EAGL AND COTH AND			
SUITE 3			ess (P.O. Box Number is Not Acceptable) ANE
COOPER CITY FL 33328			0.1.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
5 5 5 <u>5</u> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		A1 0"	
		84 City D	PAVIE FL 85 2933/4
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 607.0505, Florida Statutes.			
SIGNATURE X	man		4/14/98
िgalituré-रहावर्त के printed name of required signifier a fille it applicable (NOTE Registered Agent signature required wi			
12. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME LICAMARA, SANT O	☐ DELETE	1.1 TITLE PID	☐ Change ☐ Addition
ASAO O M. AAOT LAME		1.2 NAME	
DAURE EL MODAL		1.3 STREET ADDRESS	
CITY-ST-ZIP UAVIE PL 33314	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE \(\mathcal{D}\)	Change Addition
NAME	OLLETE	2.1 TITLE S D	EDESID LICAMARA
STREET ADDRESS		2.3 STREET ADDRESS	1100 CH 81 ST / 04/K
CITY-ST-ZIP		2.4 City-St-Zip	ERESA LICAMARA 1789 SW 81 ST LANE DAVIE, FL 33314
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	_ •
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-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 THILE	☐ Change ☐ 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		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	to this time at a set a set of	6.4 CITY-S1-ZIP	0-4-0 07/0// Florida Octobra 14 de march de constituir de
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 supplicated and that the information 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.			