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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97 0000 24192
 1. Corporation Name
ROMEN EXPRESS INTERNATIONAL REI, INC.

Principal Place of Business 171 NW 85th. PLACE MIAMI, FL. 33126	Mailing Address _____
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2. Principal Place of Business 21 _____ Suite, Apt. #, etc. 22 _____ City & State 23 _____ Zip _____ Country _____ 24 _____ 25 _____	2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip _____ Country _____ 29 _____ 30 _____
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
March 18, 1997.

4. FEI Number 65-0735658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VICTOR D. ROJAS ZAPATA
171 NW 85th. PLACE
MIAMI, FL. 33126

10. Name and Address of New Registered Agent

81 Name	_____
82 Street Address (P.O. Box Number is Not Acceptable)	_____
83	_____
84 City	_____
85 Zip Code	FL _____

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]* **VICTOR D. ROJAS ZAPATA (P)** 04/23/98
Signature typed or printed in block of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	VICTOR D. ROJAS ZAPATA	
STREET ADDRESS	171 NW 85th PLACE	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	Liliana Serna	
STREET ADDRESS	5545 W 24th. Ave#111	
CITY-ST-ZIP	Hialeah, Fl. 33016	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	FERNANDO MENDOZA	
STREET ADDRESS	171 NW 85 Place	
CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	John Jairo Serna	
STREET ADDRESS	5545 W 24th. Ave. # 111	
CITY-ST-ZIP	Hialeah, Fl. 33016	
TITLE	_____	<input type="checkbox"/> DELETE
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> DELETE
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	_____
1.3 STREET ADDRESS	_____
1.4 CITY-ST-ZIP	_____
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE-PRESIDENT
2.3 STREET ADDRESS	LUIS F. CADAVID
2.4 CITY-ST-ZIP	160 NE 171st. ST. MIAMI, FL. 33162
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	_____
3.3 STREET ADDRESS	_____
3.4 CITY-ST-ZIP	_____
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	_____
4.3 STREET ADDRESS	_____
4.4 CITY-ST-ZIP	_____
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	_____
5.3 STREET ADDRESS	_____
5.4 CITY-ST-ZIP	_____
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	_____
6.3 STREET ADDRESS	_____
6.4 CITY-ST-ZIP	_____

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*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **04/23/98 (201) 513-4909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/97)