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 # P9700030463 (8)

FINGERPRINT EXPRESS, INC.

FILED Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
1500 BAY ROAD 1500 BAY ROAD					
SUITE 1219 SUITE 1219 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139				DO NOT WRITE IN THIS SPACE	
MINIMI DENOTITE SALO				3. Date Incorporated or Qualified	
				04/03/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	O SUNSETDR.		VSGT DIC	65-040631	Not Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 50	3	1211			Fee Required
City & Stat	ÅAI. FL	City & State	11, 82	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 MIA	Country	28 M 1 M	Country	8. This corporation owes or has paid the	
24 32	3173 25 USA	トー・ ベムリノー・	o usa	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current	L		10. Name and Address of New Registe	red Agent
FR	IEDFELD, STEPHANIE	TEPHANIE PRIEDRE	1.13		
1				ress (P.O. Box Number is Not Acceptable)	
	ITE 1219			7360 SW 107TH A	VE # 1206
MI/	AMI BEACH FL 33139		83		
			84 City	1.0. 41	85 Zip Code
					FL 👸 33パカ
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 TUQUEUE OF profiled name of registered agent and title if agent exist in the profiled name of registered agent and title if agent exist. (NOTE: Registered Agent signature required when reinstaling) DATE					
12.	Signature Typed or printed minie of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	POESI DENT	DELETE	1.1 TITLE		Change Addition
NAME	STEPHANIF PRIEDEELD	•	1.2 NAME		:
STREET ADDRESS	7360 SW 107 THAVE H	1206	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELET É	3.1 TITLE		Change Addition
NAME]		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Li Anguige Li Audullott
NAME			4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE.	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE		COLUCIA	5.2 NAME		75
NAME			5.3 STREET ADDRESS		ا محمد
STREET ADDRESS					13.0
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		ch.
STREET ADDRESS			6.3 STREET ADDRESS		$\mathcal{K} \subset \mathcal{N}$
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	neglify that the information supplied wit	h this filing does not qualify for		Section 119.07(3)(i). Florida Statutes, I furthe	er certify that the information

remetay certify that the information supplied with this little does not qualify to the exemption stated in Section 119.07(3)(), Florida Statutes. 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.

212198 305-595-9244