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

PROFIT FLORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION Katherine Harris ANNUAL REPORT 07-27-1999 90031 006 ***158.75 Secretary of State 1999 **DIVISION OF CORPORATIONS DOCUMENT # P970000304631** 1. Corporation Name Fingerprint Express, Inc. Principal Place of Business Mailing Address 10300 Sunset Drive 10300 Sunset Drive Suite 303 Suite 303 DO NOT WRITE IN THIS SPACE Miami, FL 33173 Miami, FL 33173 3. Date incorporated or Qualified April 3, 1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0740631 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \mathbf{X} Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year Intangible Personal Country Zip Country Zip X Yes No 30 Property Tax. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Stephanie Friedfeld 7380 SW 107 Avenue Apt. 1206 85 Zio Code -Miami, FL 33173 atutes, the stove-named corporation submits this statement for the purpose of changing its changing the saluthorized by the corporation's board of directors. I hereby accept the appointment ion 100,000, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and registered office or registered agent, or both, in the St as registered agent. I am familiar with, and accept the SIGNATURE DATE Signature, typed or printed name of registered agent and (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRE Addition DELETE 1.1 TITLE President TITLE Stephanie Friedfeld 1.2 NAME 7380 SW 107 Avenue, Apt. 1206.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE 4.1- TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE DTE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY - ST - ZIP

/Stephanie Friedfeld

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, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 27, 1999 8:00 am

STF FL32381F.1

SIGNATURE:

CITY - ST - ZIP



CERTIFIED PUBLIC ACCOUNTANTS & HEALTHCARE CONSULTANTS

GRAND BAY PLAZA
2665 South Bayshore Drive & Suite 400
Coconut Grove, Florida 33:33
Phone (305) 859-2822 & Facsimile (305) 859-2824

July 9, 1999

Florida Department of State Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Fingerprint Express, Inc.

FID 65-0740631

To Whom It May Concern:

This letter is in response to your 2nd Notice for the 1999 Profit Corporation Annual Report. Please be advised that the above referenced filed the Profit Corporation Annual Report on April 5th, 1999 with a check number 1042 in the amount of \$158.75.

At the time of filing, our client had not received the first notice and therefore filed a downloaded form. The check has not yet cleared the client's file. As per a conversation with one of your representatives, I have enclosed a replacement check in the same amount, along with the copy of the originally filed form.

I would greatly appreciate your prompt attention to this matter and apologize for any inconvenience this may cause.

If you have any further questions, please do not hesitate to contact me.

Sincerely,

Michelle M. Garcia, CPA Friedfeld & Associates, P.A.

Enclosures



