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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90119 002 \*\*\*150.00

## DOCUMENT # P97000038552

1. Corporation Name

LA-POU-LA EXPRESS SERVICE, INC.

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Principal Place	e of Business	Mailing Address				THE REPORT OF THE PROPERTY OF	RT DURICE MAINN 1	IN DI LACAT BUTT	Brica filei 1001 200	<u> </u>
3600 NW 34 AVE LAUDERDALE LAKES FL 33309		3600 NW 34 AVE LAUDERDALE LAKES FL 33309								
LAUDENDALE LAKES FL 33309		CURPERINTE PURENTE MANA			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
1						04/28/1997				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For	
		26			65-0844115	_		t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 / Fee Re			
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28				Trust Fund Contribution		Added 1	o Fees	
Zip	Country	Zip		untry		8. This corporation owes the curre				
24	25	29 30			Personal Property Tax.		☐ Yes	□No		
	9. Name and Address of Current	Registered Agent		-	Mana	10. Name and Address of New R	egistered A	Agent		
ANAC	PROJEC DECILIE			81	Name				}	
AMBROISE, DECIUS 3600 NW 34 AVE				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		1	
į laui	DERDALE LAKES FL 33309			83			_		ĺ	
					0.1			os Zin	Code	
					City	· 12.	FL			
		and 607-4598 Florida S	hatutaa tha			pration submits this statement for the	purpose of o	changingrits	registered	
11. Pursuant	to the provisions of Sections 607.0502	and open poor increase	iaiutes, me a	above-i	named,corpo	Oradon, addinita, dria, oradonicin, for the J				٠.
11. Pursuant	to the provisions of Sections 607.0502 egistered agent of both, In the State of motion the obligation of the obligation	Florida Such change w	as authorize Florida Sta	above-i d by th totes.	named,corporation	on's board of directors. Thereby accep	it the appoin	itment as re	gistered	
1	to the provisions of Sections 607.0502 egistered agent of both, in the State of m familiar with and accept the obligati	r Florida Sych change w ons of Section 607 9505	as authorize , Florida Sta	above-i ed by th totes.	named.corpo ne corporatio	on's board of directors. Thereby accep	it the appoin	itment as re	9/99	_ <u></u> -
11. Pursuant office of ragent. I as	to the provisions of Sections 607,0502 gistered agent or both, in the State of m familiar with and accept the obligation Signature, typod or printed name of registered agent	(11m/32	194 B	V .		d when reinstating)	DATE	/ / C	77	
1	Signeture, typod or printed name of registered agent OFFICERS AND	and the Capplicable. (	NOTE: Registere	ed Agent s			DATE	D DIRECTO	77 RS IN 12	1/98)
SIGNATURE	Signeture, typed or printed name of registered agent OFFICERS AND	and title applicable.	NOTE: Registere 13. E ,1.1 T	od Agent s		d when reinstating)	DATE	/ / C	77	(11)
SIGNATURE	Signature, typod or printed name of registered agent OFFICERS AND D AMBROISE, DECIUS	and the Capplicable. (	NOTE: Registere 13. E ,1.1 T	od Agent s . TITLE	signature required	d when reinstating)	DATE	D DIRECTO	77 RS IN 12	11
SIGNATURE 12. TIRE	Signeture, typod or printed name of registered agent OFFICERS AND D AMBROISE, DECIUS 3600 NW 34 AVE	and medicaplicable.  D DIRECTORS  DELETI	NOTE: Registere  13. E 1.1 T 1.2 N 1.3 S	Agent s TITLE NAME	DDRESS	d when reinstating)	DATE	D DIRECTO	77 RS IN 12	2F034 (11)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of registered agent OFFICERS AND D AMBROISE, DECIUS	and medicapplicable.  D DIRECTORS  DELETI	NOTE: Registere 13. E 1.1 T 1.2 N 1.3 S 1.4 C	AGENT S  TITLE  NAME  STREET AF	DDRESS	d when reinstating)	DATE	D DIRECTO	RS IN 12	(11)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signeture, typod or printed name of registered agent OFFICERS AND D AMBROISE, DECIUS 3600 NW 34 AVE	and medicaplicable.  D DIRECTORS  DELETI	NOTE: Registere 13. E	Agent s  TITLE  NAME  STREET AL  CITY-ST-2	DDRESS	d when reinstating)	DATE	D DIRECTO	77 RS IN 12	2F034 (11)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signeture, typod or printed name of registered agent OFFICERS AND D AMBROISE, DECIUS 3600 NW 34 AVE	and medicapplicable.  D DIRECTORS  DELETI	NOTE: Registere  13. E	Agent s  TITLE  NAME  STREET AI  CITY-ST-2  TITLE	DDRESS	d when reinstating)	DATE	D DIRECTO	RS IN 12	2F034 (11)
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROISE, DECIUS 3600 NW 34 AVE LAUDERDALE LAKES FL 33309	and medicapplicable.  D DIRECTORS  DELETI	NOTE: Registere  13. E	AGENT STATE OF THE STREET ALL CITY-ST-2 TITLE NAME STREET ALL CITY-ST-2 TITLE STREET ALL CITY-ST-	DDRESS DDRESS	d when reinstating)	DATE	D DIRECTO Change	PRS IN 12 Addition	2F034 (11)
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CITY-ST-ZIP

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.

SIGNATURE:

Daytime Phone #