

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000039287 (2)**  
1. Corporation Name

**MARKER EXPRESS, INC.**

Principal Place of Business  
**815 PONCE DE LEON BLVD  
CORAL GABLES FL 33134**

Mailing Address  
**815 PONCE DE LEON BLVD  
CORAL GABLES FL 33134**

FILED  
Jul 28 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |                                   |  |
|--------------------------------|--|---------------------|--|-----------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified |  |
| 21 <b>2170 NW 82 Ave</b>       |  | 26 <b>Same</b>      |  | 05/02/1997                        |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                     |  |
| 22                             |  | 27                  |  | 65-0750310                        |  |
| City & State                   |  | City & State        |  | Applied For                       |  |
| 23 <b>Miami, FL</b>            |  | 28                  |  | Not Applicable                    |  |
| Zip                            |  | Country             |  | 5. Certificate of Status Desired  |  |
| 24 <b>33126</b>                |  | 25 <b>USA</b>       |  | 29                                |  |
| Country                        |  | Country             |  | 30                                |  |
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**LANGSTADT, OLIVER J**  
**815 PONCE DE LEON BLVD SUITE 200**  
**CORAL GABLES FL 33134**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------|---|--|
| TITLE                      | <b>PVST</b>                 | 1.1 TITLE   |  |
| NAME                       | <b>HENRIQUEZ, RICARDO A</b> | 1.2 NAME  |  |
| STREET ADDRESS             | <b>2170 NW 82ND AVENUE</b>  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33126</b>       | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b>                    | 2.1 TITLE   |  |
| NAME                       | <b>HENRIQUEZ, RICARDO A</b> | 2.2 NAME  |  |
| STREET ADDRESS             | <b>2170 NW 82ND AVENUE</b>  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33126</b>       | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                             | 3.1 TITLE   |  |
| NAME                       |                             | 3.2 NAME  |  |
| STREET ADDRESS             |                             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                             | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                             | 4.1 TITLE   |  |
| NAME                       |                             | 4.2 NAME  |  |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                             | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                             | 5.1 TITLE   |  |
| NAME                       |                             | 5.2 NAME  |  |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                             | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                             | 6.1 TITLE   |  |
| NAME                       |                             | 6.2 NAME  |  |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                             | 6.4 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.

SIGNATURE:

*[Signature]*

7/9/98

305/117 5810

CR2E034 (5/98)

**RODRIGUEZ LANGSTADT & AGUERO**

Attorneys at Law  
A Partnership of Professional Associations

Minervino Rodriguez, Jr.  
Oliver J. Langstadt  
Gladys Aguero

815 Ponce De Leon Boulevard  
Second Floor  
Coral Gables, Florida 33134  
Telephone: (305) 461-5667  
Telefax: (305) 461-4885

20 July, 1998

Secretary of State  
Division of Corporations  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: MARKER EXPRESS, INC.  
P97000039287


Dear Sir or Madam:

Please be advised that I am the registered agent for Marker Express, Inc. Please be advised that I never received, via mail, the first request to file an annual report which required a filing fee of \$150.00. I acknowledge receipt of the second request for annual report, but, such second request requires a filing fee of \$550.00. In light of the fact that I did not receive the first request for annual report and, I have not changed my address in the last two years, I can only assume that the mail never reached me, or that the documents were lost in the mail.

In light of such, it is respectfully requested that my client be permitted to pay the sum of \$150.00 as the annual report filing fee, rather than the \$550.00 requested.

Thank you for your kind cooperation in this matter and should you have any questions or concerns, please do not hesitate to contact me.

RODRIGUEZ LANGSTADT & AGUERO

  
OLIVER J. LANGSTADT, ESQUIRE

OJL:al  
Pc: Client