

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90023 016 ***150.00

DOCUMENT # P97000050453

1. Corporation Name
EXPRESS CFS CORP.



Principal Place of Business

8590 NW 72ND ST
MIAMI FL 33166
US

Mailing Address

8590 NW 72ND ST
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

65-0759294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MELENDEZ, HUGO
8590 NW 72ND ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Hugo Melendez

82 Street Address (P.O. Box Number is Not Acceptable)

8600 NW 72 St.

83

84 City

Miami

FL

85 Zip Code
33166

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

1/22/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MELENDEZ, HUGO
STREET ADDRESS 8590 NW 72ND ST
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

TITLE SD
NAME RIOS, MARIO E
STREET ADDRESS 8590 NW 72ND ST
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Melendez, Hugo

1.3 STREET ADDRESS 8600 NW 72 St.

1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Rios, Mario

2.3 STREET ADDRESS 8600 NW 72 St.

2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99

CR2E034 (1/98)