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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050778
1. Corporation Name
GO EXPRESS INC.

Principal Place of Business: 1786 NW 82 AVE. MIAMI FL 33126
Mailing Address: P.O. BOX 526323 MIAMI FL 33152-6323

99 MAR 22 AM 9: 54
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: 06/09/1997

4. FEI Number: 65-0763184 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

B. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: VALIENTE, PEDRO O, 4792 N.W. 4TH TERRACE, MIAMI FL 33126

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address, B3, B4 City, B5 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VALIENTE, PEDRO O	
STREET ADDRESS	4792 N.W. 4TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33126	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VALIENTE, PEDRO O.	
13 STREET ADDRESS	4792 N.W. 4TH	
14 CITY-ST-ZIP	MIAMI FL 33126	

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: _____ DATE: 3/18/99 (308) 471 9004

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