PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90148 001 ***150.00

DOCUMENT # P9700059484

R V EXPRESS SERVICES, INC.

Principal Place of Business Mailing Address							TELEFORME	18101 8181 1881
9403 FOUNTAIN SUITE 208	BLEAU BLVD.	9403 FOUNTAINBLEA SUITE 208	9403 FOUNTAINBLEAU BLVD. SUITE 208					
MIAMI FL 33172 MIAMI FL 33172						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 07/09/1997		
- D'- '- I D	lana of Durings	2a. Mailing Address				4 FEI Number	Ar	plied For
—	ace of Business					65-0767112	_ 	t Applicable
Suite, Apt.	# atc		Suite, Apt. #, etc.				\$8.75	 -
22	w, etc.	27	-			5. Certifcate of Status Desired	Fee Re	
			ty & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	, ,
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Into	angible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	it Registered Agent		1		10. Name and Address of New Registered	Agent	
4011	0.1E04.10.8444.D			81	Name			
AGUILLERA, VIVIAN R				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
9403 FOUNTAINBLEAU BLVD. SUITE 208					<u>-</u>			
MIAMI FL 33172				83		• •		
IVIIIA	11 L 00 (12			84	City	FL	85 Zip (Code
	1 dia	2 and 607 1509 Elerida	Statutos tha	hove	-named com	poration submits this statement for the purpose of	j changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change t	was authorize	d by '	the corporation	on's board of directors. I hereby accept the appoin	ntment as re	gistered
	m ramiliar with, and accept the obliga	tions of, Section do7.000	o, Fibrida ota	tutes.	•			
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable.	(NOTE: Registere	d Agen	t signature require	od when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELE	TE 1.1 T	ITLE			☐ Change	☐ Addition
NAME	aguilera, vivian r		1.2 N	AME	İ		4	ľ
STREET ADDRESS	9403 FOUNTAINBLEAU BLVD.,	SUITE 208	1.3 S	TREET	ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33172			ITY-ST	r-ZiP		Change	Addition
TITLE	D	☐ DELĒ					☐ Change	
NAME .	AGUILERA, ROBERTO			IAME				
STREET ADDRESS	9403 FOUNTAINBLEAU BLVD.,	SUITE 208	1		ADDRESS			i
CITY-ST-ZIP	MIAMI FL 33172	☐ DELE		CITY-S	T-ZIP		Change	☐ Addition
TITLE			-	IAME				
NAME					ADDRESS			
STREET ADDRESS				CITY-S	1			
CITY-ST-ZIP TITLE		□ DELE			1-21		Change	Addition
NAME		_	l l	NAME				
STREET ADDRESS					ADDRESS	•		(
CITY-ST-ZIP				ITY-S1	1			
TITLE		☐ DELE					Change	☐ Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			ļ
CITY-ST-ZIP			5.4 0	ITY-SI	r-zip			
TITLE	<u> </u>	☐ DELE	TE 6.1 T	TTLE			Change	Addition
41445			6.2 N	AME		•		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)