

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

DOCUMENT # P97000063024

1. Corporation Name
MIAMI EXPORT EXPRESS, INC.

Principal Place of Business
5020 NW 79 AVE., APT. #104
MIAMI FL 33166

Mailing Address
5020 NW 79 AVE., APT. #104
MIAMI FL 33166

FILED
Jan 30, 1999 8:00am
Secretary of State

01-30-1999 90007 046 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

65-0790265

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

OLMOS, SEVERO
5020 NW 79 AVE., APT. #104
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

☐ DELETE

TITLE
D
NAME
OLMOS, SEVERO
STREET ADDRESS
5020 NW 79 AVE., APT. #104
CITY-ST-ZIP
MIAMI FL 33166

TITLE
VP
NAME
SERGIO FELIPE OLMOS
STREET ADDRESS
5020 NW 79TH AVE #104
CITY-ST-ZIP
MIAMI FL 33166

TITLE
MD
NAME
SANTIAGO RENE OLMOS
STREET ADDRESS
5020 NW 79TH AVE #104
CITY-ST-ZIP
MIAMI FL 33166

TITLE
S
NAME
SILVIA CRISTINA OLMOS
STREET ADDRESS
5020 NW 79TH AVE #104
CITY-ST-ZIP
MIAMI FL 33166

TITLE
D
NAME
D
STREET ADDRESS
D
CITY-ST-ZIP
D

TITLE
D
NAME
D
STREET ADDRESS
D
CITY-ST-ZIP
D

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 19.07(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: EQUIP. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3056701069

Daytime Phone #

CR2E034 (1/98)