FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000067810 (6)

KAREL EXPRESS, INC.

Principal Place of Business

Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



| 1326 NW 29TH AVE | 1326 NW 29TH AVE | | | |
|--|---|--|---|----------|
| MIAMI FL 33125 | MIAMI FL 33125 | | DO NOT WRITE IN THIS SPACE | |
| | | | 3. Date Incorporated or Qualified 08/04/1997 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number 0 7 7 0 746 Applied Fo | ır. |
| 21 | 26 | | Not Applica | able |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | d |
| Uity & State | City & State | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | 28 | | Trust Fund Contribution | |
| Zip Country | Ζip | Country | 8. This corporation owes or has paid the current year Intangible | |
| 24 25 | | 30 | Personal Property Tax due June 30. Yes No | |
| 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Agent | |
| CHIU, NGUYEN | | 81 Name | | |
| 1328 NW 29TH AVE | | 82 Street Add | lress (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33125 | | ļ <u>.</u> | | |
| | | 83 | | |
| | | 84 City | 85 Zip Code | |
| | | | FL 8 Epoca | |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate | if Florida. Such change was au | ithorized by the corpora | poration submits this statement for the purpose of changing its registorition's board of directors. I hereby accept the appointment as registered | ed ed |
| SIGNATURE Signature, typed or punted name of registered agent | and lifte if applicable. (NOTE: | Registered Agent signature requ | ired when reinslating) DATE | |
| 055,0500,445 | DIDEATADA | 1 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE 1 | DELETE | 1.1 TITLE | Change Add | ition |
| NAME SUONNE MA | RTINEZ | 1.2 NAME | | |
| STREET ADDRESS 13 > 6 A/12) 2.8 th | Ave | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP MIAM FI | 33125 | 1.4 CITY - ST - ZIP | | |
| TITLE SE | DELETE | 2.1 TITLE | Change Add | lition |
| NAME TO ALLO | 1 | 2.2 NAME | | |
| STREET ADDRESS NOVYEN | 4 | 2.3 STREET ADDRESS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS NOVYEW CHU TOTALE NAME STREET ADDRESS NOVYEW CHU TOTALE TOTALE | Are miamiz | 1. Adr-S1-ZIP | | |
| TITLE | C DELETE | 3.1 THTLE | Change Add | ition. |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4. CITY+ST-ZIP | | |
| TITLE | L DELETE | 4.1 TITLE | L_ Change L_ Add | ilion |
| NAME | | 4. 2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY - S1 - ZIP | | |
| THTLE | L DELETE | 5.1 TITLE | L Change L Add | IIION |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY - ST - ZIP | | |
| THTLE | [] DELETE | 6.1 TITLE | Change Add | nion |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | A | 6.4 CITY - S1 - ZIP | 0 (1 440 070)(2 5) (1 0) (4 0) (4 0) | |
| 14. I hereby certify that the information supplied will indicated on this annual report or supplemental officer or director of the corporation or the recep Block 12 or Block 13 if changed, or on an attack | n true filing does not qualify for afficial report is true and accu by or trustee empowered to ex- innent with an address. | the exemption stated in rate and that my signation secute this report as reconstruction. | n Section 119.07(3)(i), Florida Statules. I further certify that the informature shall have the same legal effect as if made undor oath; that I am arquired by Chapter 607, Florida Statutes; and that my name appears in | ion n |