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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999 DIVISION OF CORPORATIONS DOCUMENT # P97000078548 INFINITY EXPRESS, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90003 007 ***150.00



	ace of Business	Mailing Address		r samtibant inn ranti rankii oditii olitii dollii d	9111 16091 18181 81111 91981 1611 1631
8568 NW 64TH ST. 8568 NW 64TH ST. MIAMI FL 33166 MIAMI FL 33166					
				DO NOT WRITE IN TI	IS SPACE
				3. Date Incorporated or Qualifed	
2. Principal	Place of Business	20 Mailing Add		09/10/1997	
21		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apr	t. #. etc.	Suite, Apt. #, etc.		65-0779919	Not Applicable
22				5. Certifcate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State			Fee Required
23		28		6. Election Campaign Financing	* \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	· · · · · · · · · · · · · · · · · ·	30	8. This corporation owes the current year	
	9. Name and Address of Curre	ent Registered Agent	30	Personal Property Tax.	Yes No
	· · · · · · · · · · · · · · · · · · ·		81 Name	10. Name and Address of New Registers	d Agent /
CAL	Brera, silvio				
8775 PARK BLVD. 82 Stree			Address (P.O. Box Number is Not Acceptable)		
' APT. 310			83	1	<u> </u>
MIA	MI FL 33172		[99]		
			84 City	9 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607 1508 Florida Statuto	s the aboved	 	
office or I	registered agent, or both, in the State	of Florida. Such change was au	is, the above-named ithorized by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its registered
	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	and app	omanion as registered
SIGNATURE	Signature, typed or printed name of registered age	and fills if and limble			
12.		ND DIRECTORS	13.	required when reinstating) . DATE	
TITLE	D	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	
NAME	CABRERA, SILVIO		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172		1.3 STREET ADDRESS		
TITLE	NIII 200 17 E	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		
NAME		500012			☐ Change ☐ Addition
STREET ADORESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	2.4 C/TY-ST-ZIP		-
NAME		L DECETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS	Section of the section of the section	5
TITLE	, 	DELETE	3.4. CITY-ST-ZIP		
NAME		□ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME]
			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
AME			5.2 NAME	and the second s	ļ
STREET ADDRESS			5.3 STREET ADDRESS	,	
TITLE			5.4 CITY-ST-ZIP		
		☐ DELETE	6.1 TITLE	-	☐ Change ☐ Addition
IAME			6.2 NAME		
TREET ADDRESS		•	6.3 STREET ADDRESS	÷	
ITV. ST 7ID			■		

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 an other like empowered.

SIGNATURE: