Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90051 041 ***150.00

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 # P9800000552

1, Corporation Name

SUR EXPRESS CARGO CORP.

Principal Place of Business				Mailing Address					1 1621/651 110 12101 12111 0211 12111 03111 33111 2010 2110 110 110 110 1	
9501 FONTAINE	BLEAU BLVD	#306) FONTAINEBLEAU BLVD	#306				
MIAMI FL 33172 MIAMI FL 33172									DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualifed	
									01/02/1998	
2. Principal Pl	ace of Busin	1055		2a.	Mailing Address		_		4. FEI Number Applied For	
21	-				26				65-0806303 Not Applicable	
Suite, Apt. #, etc.				-0	Suite, Apt. #, etc.				\$8.75 Additional	
22				27					5. Certificate of Status Desired Fee Required	
City & State					City & State				\$5.00-May Be	
23					28				Trust Fund Contribution Added to Fees	
Zip	Country				Zip Cou				This corporation owes the current year Intangible	
24		25		29		30			Personal Property Tax. Yes No	
	9, Name	and A	Address of Current	Regis	tered Agent		ат	A 1	10. Name and Address of New Registered Agent	
MAVA MADIA C							31	Name		
MAYA, MARIA G						8	82 Street Address (P.O. Box Number is Not Acceptable)			
9501 FONTAINEBLEAU BLVD #306 MIAMI FL 33172						83				
MIMMI FL 33172										
						ε	34	City	FL 85 Zip Code	
	t - 11 - · · ·				07 1509 Florido Statutas	the che		named as		
1 afficacions	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 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.									
agent. I a	m familiar w	ith, an	d accept the obligation	ns of	, Section 607.0505, Florida	a Statute	es.			
SIGNATURE	Classitian have	Lor print	ed name of registered agent a	nd title	if annticable (NOTE: Re	oistered A	nent	signature regr	equired when reinstating) DATE	
12.	Signature, typec	or print	OFFICERS AND			13.	gro	0.9.1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	_			☐ DELETE	1.1 TITL!	Ę			
NAME	MAYA_M	ARIA	GC			1.2 NAM	E		MATA, MARIA G.	
STREET ADDRESS	06	^ _	1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL					1.4 CITY	-ST-	-ZIP		
TITLE	٧				☐ DELETE	2.1 TITL	E		☐ Change ☐ Addition	
NAME	SANCHE	Z, JO	HNNY R			2.2 NAM	Ε			
STREET ADDRESS		•	EBLEAU BLVD #3	06		2.3 STR	EET/	ADDRESS		
CfTY-ST-ZIP	MIAMI FL					2.4 CIT	Y-ST	r- Z!P		
TITLE	_				☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition	
NAME						3.2 NAM	E_			
STREET ADDRESS			<u> </u>			3.3 STRI	EET A	ADDRESS		
CITY-ST-ZIP						3.4. CIT	(-ST	-ZIP		
TITLE					☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition	
NAME	1					4. 2 NAN	Æ			
STREET ADDRESS						4.3 \$TR	EET/	ADDRESS		
CITY-ST-ZIP						4.4 CITY		- ZIP		
TITLE					☐ DELETE	5.1 TITL)	☐ Change ☐ Addition	
NAME						5.2 NAM				
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP						5.4 CITY	-ST-	-ZIP		

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 suppliemental 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition