

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUL 10 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

99-00

DOCUMENT # P98000001130

1. Corporation Name

UNLIMITED EXPORT EXPRESS, INC.

Principal Place of Business

710 W3 39 PLACE  
HIALEAH FL 33012

Mailing Address

710 W3 39 PLACE  
HIALEAH FL 33012

2. Principal Place of Business

2a. Mailing Address

26 12635 SW 91 ST

Suite, Apt. #, etc.

27 204

City & State

28 miami FL

Zip

Country

25

29 33186

30

Country

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

65-0802128

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

SARTORE, FRANCO J  
710 W3 39 PLACE  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name ALICIA MORAO

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

12635 SW 91 ST # 204

83

84 City miami

FL

85 Zip Code

33186

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

Alicia Morao

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SARTORE, FRANCO J  
STREET ADDRESS 710 W3 39 PLACE  
CITY-ST-ZIP HIALEAH FL 33012

DELETE

TITLE D  
NAME MORAO, ALICIA T  
STREET ADDRESS 12635 SW 91 ST, #204  
CITY-ST-ZIP MIAMI FL 33186

DELETE

TITLE D  
NAME SANCHEZ, NAUDY Y  
STREET ADDRESS 710 W3 39 PLACE  
CITY-ST-ZIP HIALEAH FL 33012

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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.

SIGNATURE:

Alicia Morao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/00

Date

305 273 3803

Daytime Phone #

CFE034

0570602