PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800002533

1. Corporation Name

ADVERTISING EXPRESS, INC.

Principal Place of Business

Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90131 045 ***150.00



800 WEST AVENUE. STE 538 800 WEST AVENUE. STE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139		800 WEST AVENUE. STE 538 MIAMI BEACH FL 33139		DO NOT WRITE 3. Date incorporated or Qualifed	E IN THIS SPACE
				01/08/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	6 Sw 10 te.	26 6286 SW	10 te	65-0803350	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	S 5.00 May Be Added to Fees
23 MIP	Oountry Country	28 (M) (M) , T (Country	Trust Fund Contribution 8. This corporation owes the current	
Zip 24 33 1	UL/ 25	29 33144 3	¬ ' ' '	Personal Property Tax.	Yes No
24 001	9. Name and Address of Current	1		10. Name and Address of New Re	gistered Agent
			81 Name		
	S, TERESA		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
800 WEST AVENUE, STE 538			628		·
MIAMI BEACH FL 33139			83		
			84 City	AMI	FL 85 Zip Code 33144
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named com	poration submits this statement for the o	urpose of changing its registered
l office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was auti	ionzed by the corporation	on's board of directors. I hereby accept	the appointment as registered
SIGNATURE			Teres a R	201	415199
42	Signature, typed or proted name of registered agent OFFICERS AND		egistered Agent signature require	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	OFFICERS AND	A LULA C IN DELETE	1.1 TITLE	, and the same of	☐ Change ☐ Addition
NAME	letesit vios	klaid 21b.	1.2 NAME		
STREET ADDRESS	6286 SW 10 te.		1.3 STREET ADDRESS		
CITY-ST-ZIP	minmi, fc 33144		1,4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	والمعالم والمستواع والموار والمستواجه والا	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	4	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	•	
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		. —	4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		·	4.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		*	5.2 NAME		!
STREET ADDRESS	•				1
	*		5.3 STREET ADDRESS		,
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY- ST-ZIP		Channe D Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.3 STREET ADDRESS		Change Addition

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.

3.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR