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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08, 1999 8:00 am Secretary of State

05-08-1999 90014 031 \*\*\*150.00

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## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P98000007471

1. Corporation Name

Principal Place of Business

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

C.V.Y. EXPRESS, CORP.

19800 SW 180T LOT 202 MIAMI FL 33187		19800 SW 180TH AVE LOT 202 MIAM! FL 33187		DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  01/23/1998	SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address		4 EEI Number	Applie	ed For
21 1/4/3	5 w 129 AVR	26 1143 5W /	29 AVE	65-0808698	Not A	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Add Fee Requ	
City & State		City & State  28 M / A M )	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	1
Zip	Country	Zip	Country	8. This corporation owes the current year Inti-	angible	/
24 33 / 8		29 3,3/8 7 30	DADA	Personal Property Tax.		No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
			81 Name			
	, CARLOS		82 Street Address (P.O. Box Number is Not Acceptable)			
	3 SW 129 AVE					
MAIM	MI FL 33184		83			
1			84 City		85 Zip Coo	de
				<u>FL</u>	.	
office or r agent. 1 a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	it Florida. Such change was autho	onzed by the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as regis	tered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, Reg	istered Agent signature require	od when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE	1,1 TITLE		Change	Addition
NAME	DIAZ, CARLOS M		1.2 NAME			
STREET ADDRESS	1143 SW 129 AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY-ST-ZIP			F 1 4 4 800
TITLE	STD	DELETÉ	2.1 TITLE		Change	Addition
NAME	LIZAMA, JORGE L		2.2 NAME			
STREET ADDRESS	19800 SW 180TH AVE, LOT 203	2	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33187		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ 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 Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			F*1 4 2 100
TITLE	!	☐ DELETE	6.1 TITLE		Change	Addition

6.2 NAME

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 of the pociever 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 any attachment with an address, with all other like empowered.

NOTY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP