

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90137 002 \*\*\*150.00

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1. Corporation Name

ENVIOS EXPRESS, CORP.

Principal Place of Business

4471 NW 36 STREET #236  
MIAMI SPRINGS FL 33166

Mailing Address

4471 NW 36 STREET #236  
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

65-0811382

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

2. Principal Place of Business

21 3191 Coral way  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 997702  
Suite, Apt. #, etc.

22 suite 115-131  
City & State

27  
City & State

23 Miami, FL  
Zip

28 Miami, FL  
Zip

24 33145 Country

29 33299 Country

9. Name and Address of Current Registered Agent

PALLARES, LUIS A  
4471 NW 36 STREET #236  
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83 10220 NW 3<sup>rd</sup> STREET

84 City PEMBROKE PINES

FL

85 Zip Code 33026

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

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 PALLARES, LUIS A  
STREET ADDRESS 4471 NW 36 STREET #236  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE D  
NAME MORENO, CESAR  
STREET ADDRESS 9139 FOUNTAINBLUE BLVD #4  
CITY-ST-ZIP MIAMI FL 33172

TITLE D  
NAME SOSA, MANUEL R  
STREET ADDRESS 5320 SW 151 PLACE  
CITY-ST-ZIP MIAMI FL 33105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME DORA ALZATE  
1.3 STREET ADDRESS 4201 FOUNTAINBLUE BLVD UNIT 4  
1.4 CITY-ST-ZIP MIAMI FLORIDA 33172

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS A. PALLARES

4/29/99

Date

(305)223-1470

Daytime Phone #

CR2E034 (11/98)