


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90091 017 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>																																																																																																													
<b>DOCUMENT # P98000027239</b> 1. Corporation Name <b>ROSE OVERNIGHT SERVICE EXPRESS CORPORATION</b>																																																																																																															
Principal Place of Business <b>100 NORTH BISCAYNE BOULEVARD</b> <b>21ST FLOOR - NEW WORLD TOWER</b> <b>MIAMI FL 33132</b>		Mailing Address <b>100 NORTH BISCAYNE BOULEVARD</b> <b>21ST FLOOR - NEW WORLD TOWER</b> <b>MIAMI FL 33132</b>																																																																																																													
2. Principal Place of Business 21. <b>19967 NW 21st ST.</b> Suite, Apt. #, etc. 22. <b>MIAMI, FL</b> City & State 23. <b>33126</b> Zip <b>U.S.A.</b> Country 24. <b>33126</b> 25. <b>U.S.A.</b>																																																																																																															
2a. Mailing Address 26. <b>SAME AS # 2</b> Suite, Apt. #, etc. 27. <b>MIAMI, FL</b> City & State 28. <b>33126</b> Zip <b>U.S.A.</b> Country 29. <b>33126</b> 30. <b>U.S.A.</b>																																																																																																															
3. Date Incorporated or Qualified <b>03/24/1998</b>																																																																																																															
4. FEI Number <b>65-0825720</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																															
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																															
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																															
9. Name and Address of Current Registered Agent <b>WOODBIDGE, FREDERICK JR.</b> <b>100 NORTH BISCAYNE BOULEVARD</b> <b>21ST FLOOR - NEW WORLD TOWER</b> <b>MIAMI FL 33132</b>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code																																																																																																													
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 <i>[Signature]</i> DATE <b>4/28/99</b> Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>ABDUL LATIF, MOHAMED M</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>100 NORTH BISCAYNE BOULEVARD 21ST FLOOR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI FL 33132</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>LATIF, MOHAMED Y</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>100 NORTH BISCAYNE BOULEVARD 21ST FLOOR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI FL 33132</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>ELIAS, MARIA</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>100 NORTH BISCAYNE BOULEVARD 21ST FLOOR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI FL 33132</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>ABDUL LATIFO, MAHOMED A</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>100 NORTH BISCAYNE BOULEVARD 21ST FLOOR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI FL 33132</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	<b>D</b>	<input type="checkbox"/> DELETE	NAME	<b>ABDUL LATIF, MOHAMED M</b>		STREET ADDRESS	<b>100 NORTH BISCAYNE BOULEVARD 21ST FLOOR</b>		CITY-ST-ZIP	<b>MIAMI FL 33132</b>		TITLE	<b>D</b>	<input type="checkbox"/> DELETE	NAME	<b>LATIF, MOHAMED Y</b>		STREET ADDRESS	<b>100 NORTH BISCAYNE BOULEVARD 21ST FLOOR</b>		CITY-ST-ZIP	<b>MIAMI FL 33132</b>		TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	NAME	<b>ELIAS, MARIA</b>		STREET ADDRESS	<b>100 NORTH BISCAYNE BOULEVARD 21ST FLOOR</b>		CITY-ST-ZIP	<b>MIAMI FL 33132</b>		TITLE	<b>D</b>	<input type="checkbox"/> DELETE	NAME	<b>ABDUL LATIFO, MAHOMED A</b>		STREET ADDRESS	<b>100 NORTH BISCAYNE BOULEVARD 21ST FLOOR</b>		CITY-ST-ZIP	<b>MIAMI FL 33132</b>		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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 in an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 23/99**  
 Date Daytime Phone #

CR2E034 (11/98)