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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000040280

1. Corporation Name
ROSE EXPRESS OVERNIGHT, INC.

Principal Place of Business	Mailing Address
500 N.E. 191ST STREET MIAMI FL 33179	500 N.E. 191ST STREET MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1998

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 65-083855 ☐ 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	10. Name and Address of New Registered Agent
SHAW, KENNETH P 500 N.E. 191ST STREET MIAMI FL 33179	81 Name: Lori Eduartez [illegible] 82 Street Address (P.O. Box Number is Not Acceptable): 500 NE 191st 83 84 City: Miami FL 85 Zip Code: 33179

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] Carlos Dominguez (treasurer) — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHAW, KENNETH P		1.2 NAME	
STREET ADDRESS	500 N.E. 191ST STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY-ST-ZIP	
TITLE	DVST	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOMINQUEZ, PAULO Treasurer		2.2 NAME	
STREET ADDRESS	2244 FISHER ISLAND DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LORIEEDUARTEZ		3.2 NAME	
STREET ADDRESS	500 NE 191st		3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33179		3.4 CITY-ST-ZIP	
TITLE	Dvst	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	[illegible]		4.2 NAME	
STREET ADDRESS	[illegible]		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			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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] Dominguez (treasurer)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)