1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000072013

1. Corporation Name

MIDI EXPRESS INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90135 012 ***150.00



Suite, Apt. #, etc. 22 City & State City & State City & State Zip Country Zip Country Zip Country 23 Country 24 25 29 30 30 Country 3, Name and Address of Current Registered Agent VAZQUEZ, HECTOR 1800 WEST 49TH STREET Suite, Apt. #, etc. Suit	App Not 88.75 A Fee Rec \$5.00 M Added to ble Yes	quired May Be
DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed 08/18/1998 2. Principal Place of Business 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 28 Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country 3. Date Incorporated or Qualifed 08/18/1998 4. FEI Number 6. Securificate of Status Desired Trust Fund Contribution 8. This corporation owes the current year Intangit Personal Property Tax. 9. Name and Address of Current Registered Agent VAZQUEZ, HECTOR 1800 WEST 49TH STREET	App Not 88.75 A Fee Rec \$5.00 M Added to ble Yes	t Applicable dditional quired May Be o Fees
3. Date Incorporated or Qualifed 08/18/1998 2. Principal Place of Business 22. Mailing Address 23. Mailing Address 24. FEI Number 6.5 - 087073 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation owes the current year Intanging Personal Property Tax. 9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 81. Name VAZQUEZ, HECTOR 1800 WEST 49TH STREET	App Not 88.75 A Fee Rec \$5.00 M Added to ble Yes	t Applicable dditional quired May Be o Fees
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SUITE 217		
HIALEAH FL 33012	5 Zip C	'ode
FL 8	S PPC	.oue
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutés. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
Signature, types or printed rating or registered again one and appreciate.	IRECTO	RS IN 12
14.	Change	Addition
- IV		
NAME PENA, GERARDO 12 NAME		
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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 chapted, or on an exachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR