

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

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90014 033 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

**P98000080594**  
**MEDICAL EXPRESS TRADING, INC.**

Principal Place of Business

Mailing Address



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/17/1998**

4. FEI Number

**65-0863931**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**245 SE FIRST ST**

Suite, Apt. #, etc.

**431**

City & State

**MIAMI / FLORIDA**

Zip

**33131**

Country

**USA**

2a. Mailing Address

**245 SE FIRST ST**

Suite, Apt. #, etc.

**431**

City & State

**MIAMI / FLORIDA**

Zip

**33131**

Country

**USA**

9. Name and Address of Current Registered Agent

**FIGUEROA, LUIZ A.**  
**245 SE FIRST ST**  
**SUITE # 431**  
**MIAMI / FLORIDA / 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

*[Signature]*

(Signature of current registered agent and name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **FIGUEROA, LUIZ A**  
STREET ADDRESS **245 SE FIRST ST SUITE 431**  
CITY - ST - ZIP **MIAMI - FLORIDA - 33131**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

*[Signature]*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**7/9/99**

Date

Signature State #

CR2E034 (10/97)

588255-90014-33  
P 98000080594


Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching  
a check in the amount of \$150.00 for the annual report fee with  
my reinstatment application.

I also state that I have not received any notice from the  
Division of Corporations in respect with the corporation **MEDICAL  
EXPRESS TRADING, INC**

Thank you for your courtesy in this matter.

  
\_\_\_\_\_  
**TULIO DE OLIVEIRA**  
PRESIDENT