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May 13, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000090890

1. Corporation Name

CROWN EXPRESS CORPORATION

Principal Place of Business

7370 NW 36 ST STE 126
MIAMI, FL. 33166

Mailing Address

7370 NW 36 STREET STE 126
MIAMI, FL. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/98

4. FEI Number

65-0904900

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 7987 NW 33 ST

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL 33122
Country

24 33122

25

2a. Mailing Address

26 7987 NW 33 ST

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL 33122
Country

29 33122

30

9. Name and Address of Current Registered Agent

PABLO E. LISA
8410 SHERMAN CIRCLE NORTH APT # 402
MIRAMAR, FL. 33025

10. Name and Address of New Registered Agent

81 Name

GUSTAVO V. LOPEZ

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

7921 SW 40TH ST. SUITE 50

83

84 City

MIAMI

FL

85

Zip Code
33155

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

4-1-99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME LISA, PABLO E
STREET ADDRESS 8410 SHERMAN CIRCLE NORTH APT 3 402
CITY-ST-ZIP MIRAMAR FL. 33025

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
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 P ☐ Change ☒ Addition
1.2 NAME MONSERRATE, ELIZABETH
1.3 STREET ADDRESS 7987 NW 33RD ST.
1.4 CITY-ST-ZIP MIAMI FL. 33122 ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

Daytime Phone #

CR2E034 (11/98)