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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094199

1. Corporation Name

EXPRESS PROCESSING, CORPORATION

Principal Place of Business

Mailing Address

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90133 032 ***150.00



13955 SW 103 TER 13955 SW 103 TER MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/03/1998 Mailing Address SW FEI Number Applied For 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing FLORIDA Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name NIETO, ANTONIO 82 Street Address (P.O. Box Number is Not Acceptable) 11898 SW 75TH STREET **MIAMI FL 33183** 83 Zip Code 84 City 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition □ DELETE 1.1 TITLE Change Change TITLE NIETO, CLAUDIO ANTONI 12 NAME NAME 13955 SW 103 TER 1.3 STREET ADDRESS STREET ADDRESS 33183 **MIAMI FL 33186** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE NIETO, ANTONIO 2.2 NAME NAME 11898 SW 75 ST 2.3 STREET ADORESS STREET ADDRESS **MIAMI FL 33183** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4,1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 take 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 trysteel employeed 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 one attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, or on,

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)