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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000101284

1. Corporation Name

KARIVE EXPRESS, INC.

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90078 046 \*\*\*150.00



Principal Place of Business Mailing Address						( 16811981 118 18181 19111 MPH) WHILL	0E(E)   3   96 0		11 0107 1001	
18848 NW 83RD PLACE Miami Fl 33015		18848 NW 83RD PLACE Miami FL 33015				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	<del></del>			
						11/30/1998				
2. Principal Place of	of Business	2a. Mailing Address				FEI Number		App	lied For	ĺ
21		26				05-088455			Applicable	
Suite, Apt. #, etc	3.	Suite, Apt. #, etc.				:_Certifcate.of.Status.Desired		\$8.75 AC		==
22		27				ree Required				
City & State		City & State			•	5. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to		
Zip	Country	Zip	Cou	ntry	[ ₹	3. This corporation owes the curre			¬Na	l
24	25	29	30			Personal Property Tax.			□No	l
9.	Name and Address of Curre	ent Registered Agent		81 Name		0. Name and Address of New R	egistereu A	gent .		
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MIAMI FL				83 / 3	87	8 100 0 0 1	<u> </u>	<u>-</u>	<del></del>	1
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		•		84 City	MIA	 L. 16.2-1	FL	85 Zip C	ode 3/0-15	Ĺ
44 Durayant to the	provisions of Sections 607 0	502 and 607 1508 Florida Stat	utes the al			an authorite this statement for the	nurnoca of cl	hanging its r	enistered	
office or registe	ered agent, or poth, in the Stat	e of Florida. Such change was	authorized	by the corporate	oration's	board of directors. I hereby accep	t the appoint	ment as reg	istered	İ
agent. I am far	niliar with, and accept the oblig	pations of Section 607.0505	orida Stati	nes.		.3/	22/9	<sup>2</sup> 9		
SIGNATURE Signed	ture, typed or printed name of registered as	pent and title if applicable. (NC	TE: Registered	Agent signature r	required whe	n reinstating)	DATE			] ;
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				] 3
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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 changed for on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP