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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90169 048 ***150.00

T. Corporation	MEN 1 # P980001 XPRESS, CORP.	106652		,		
Principal Plac	e of Business	Mailing Address			1 (BBIIBT) (10 1619) carre soni serv étrés bien esem e	ffið Oliki hillð mar seði
2595 NW 37TH	STREET	2595 NW 37TH STREET	Т			
BAY 7 BAY 7					DO NOT WRITE IN THIS SPA	ACE
MIAMI FL 33143 MIAMI FL 331					3. Date Incorporated or Qualifed	
					12/21/1998	1
2 Principal P	Tace of Business	2a. Mailing Address			A CEL Number /	Applied For
21	26				65-088480S	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 Additional	
22	27				0, 00,010,00	Fee Required
		City & State				\$5.00 May Be
23			- 10-1		Trust Fund Contribution	Added to Fees
Zip			intry	8. This corporation owes the current year Intangible Personal Property Tex.		
24	9. Name and Address of Current	29 29 Anent	[30]	···	10. Hame and Address of New Registered Age	mt
	9. Marie gro Address di Culteri	Kadiamian Sana		81 Name		
THILE	em, paul			92 Chance A	ddress (P.O. Box Number is Not Acceptable)	
6554 NW 43RD COURT			82 Street Ac		ddress (F.O. Box Humber is the Acceptable)	
MIAW	II FL 33067			83		
				B4 City		5 Zip Code
ļ		•			FL!	1 '
office or agent. I a					orporation submits this statement for the purpose of character's board of directors. I hereby accept the appointment of the purpose of of the purpo	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
TITLE .	D	☐ DELE				DIRECTORS IN 12 Change
NAME	DANIALS, SERGIO		1.2 N			8
STREET ADORESS	1			TREET ADDRESS		22
CITY-ST-200	HALLANDALE FL 33009	☐ OELE		TY-ST-ZIP	· D	Change Addition O
TMLE	COLUB PODIS		22 N			
NAME	Golub, Boris 2595 NW 37TH STREET			TREET ADDRESS		
STREET ADDRESS	MIAMI FL 33143			TY-ST-ZIP		
TITLE	MIPUM 1 E GG 14G	☐ DELE				Change
NAME.	<u> </u>		32 N	AME		
STREET ADDRESS			3.3 \$	TREET ADDRESS		
CITY-ST-ZIP	i		3.4.0	TY-ST-ZIP		7 Addition
TILE		☐ DELE	TE 4.1 T	ITLE	L	Change Addition
NAME				JAME		
STREET ADDRESS	\$ 			TREET ADDRESS		
CITY-ST-ZIP		E PETE		TY-ST-ZIP		Change Addition
TITLE	}	☐ DETE.	1	ITLE		,
NAME				TREET ADDRESS		
STREET ADDRESS	·			TY-ST-ZIP		
CITY-ST-ZIP		☐ DELE				Change Addition
TITLE		_ 566		AME		
NAME expert approves				TREET ADORESS		
STREET ADDRESS	3			:ny-st-zap		
CITY-ST-ZE	1					

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 eath; that I am an officer or director of the corporation or the receiver of 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:

SIGNALIZE REQUIRED

UNE AND THESE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-99

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