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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

GREENLIGHT EXPRESS, INC.

FILED Apr 09 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | - 1 10611816 abr 48108 atrat ditti 10000 tett ereit | #1811 BIB11 WIWI WIWI | IS BIRIT CARA | |
|---|--|-------------------------------|--------------------|---------------------------------------|---|---|--------------------------------|-------------------|--|
| 2455 E SUNR | ISE BLVD | 2455 E SUNRISE BLVD | | | | | | | |
| 415 FT LAUDERDALE FL 33304 | | 415 FT LAUDERDALE FL 33304 | | | | DO NOT WRITE IN THIS SPACE | | | |
| U\$ | | U\$ | | | | 3. Date Incorporated or Qualified 09/28/1990 | • | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | · · · · · · · · · · · · · · · · · · · | | 4. FEI Number | Ap | plied For | |
| 21 | | 26 | 26 | | | 65-0219396 | No | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | 9 | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Re | |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | | |
| Zip | Country | Zφ | Zip Country | | | 8. This corporation owes or has paid the | current year Int | angible | |
| 24 | 25 | 29 | 29 30 | | | Personal Property Tax due June 30. Yes No | | | |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Register | ed Agent | | |
| KK | CHKARIAN, JOANINHA MARTI | | | 81 | Name | | | I | |
| | 55 E SUNRISE BLVD #415 LAUDERDALE FL 33304 | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| - | DAUDENDALE PL 33304 | | | 83 | *************************************** | | | | |
| | | | | B4 | City | | 85 Zip (| Code | |
| 11 Pursuant to the provisions of Specieus 607 0402 and 607 1508 Florida Statutes, the above-named cornoration submits this statement for the purpose of changing | | | | | | | | s 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, typod or graphed issued of graph and title if epidicable (NOTE Registered Agent signature required when reinstalling) DATE | | | | | | | | | |
| Signature, typod or proved franc of registered agent and talle if applicable (NOT 12. OFFICERS AND DIRECTORS | | | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | IS IN 12 | |
| TOLE | PD DELETE | | | 1.1 TITLE | | ADDITIONO/OF INNOCES TO OFF TOERS | ☐ Change | Addition | |
| NAME | KUCHKARIAN, JOANINHA M | - | 1.2 NAME | | | | | | |
| STREET ADDRESS 2455 E SUNRISE BLVD #415 | | | 1.3 STREET ADDRESS | | ADDRESS | | | - 1 | |
| CITY+ST-ZIP | FT LAUDERDALE FL | | | 1.4 CITY-ST-ZIP | | | | Ì | |
| TITLE | VP | DELETE | | 2.1 TITLE | | | Change | ☐ Addition | |
| NAME | KUCHKARIAN, ROBERTO | | 2.2 N | | | | | | |
| STREET ADDRESS | 2455 E SUNRISE BLVD #41 | 5 | . I | | ADDRESS | • | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | - | | | ST- ZIP | | | 1 | |
| TITLE | | DELETE | 3.1 TITLE | | | | Change | Addition | |
| NAME | | | 3.2 N/ | AME | | | | | |
| STREET ADDRESS | | | 3.3 \$1 | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | i | | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | | | 4.1 TITLE | | | Change | Addition | |
| NAME | | | 4.2 N | IAME | | | | | |
| STREET ADDRESS | | | 4.3 S | TREET | ADDRESS | | | ļ | |
| CITY-ST-ZIP | | | 4.4 CI | ITY - S | T-ZIP | | | | |
| TITLE | ☐ DELETE | | 5.1 TI | 5.1 TITLE | | | Change | ☐ Addition | |
| NAME | | | 5.2 N | AME | | | | | |
| STREET ADDRESS | | | 5.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CI | ITY - S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TI | TLE | | | ☐ Change | Addition Addition | |
| NAME | | | 6.2 N | AME | | | | | |
| STREET ADDRESS | | | 6.3 ST | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CI | ITY-S | T-ZIP | | | | |
| 44 | and the state of t | 10 11 12 11 11 11 11 | 7 | | ** + - + + T | Postion 110 (17/2)/i) Florida Statutos I furtho | | information. | |

I necessory 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 attrichment with an address