

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S13754** (4)

1. Corporation Name

WILDCAT EXPRESS COMPANY

Principal Place of Business

**5445 COLLINS AVE
SUITE 1722
MIA-BEACH FL 33140
US**

Mailing Address

**5445 COLLINS AVE
SUITE 1722
MIA-BEACH FL 33140
US**



2. Principal Place of Business

2a. Mailing Address

21 **16211 NE 12 AVE**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

N. Miami Beach FL

28

Zip

Country

Zip

Country

24

33142

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/16/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0230363

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**SOLER, LUISA
5445 COLLINS AVE SUITE 1722
MIA-BEACH FL 33140**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 of officer or director of registered agent and the first and

(Signature of Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SOLER, LUISA**
STREET ADDRESS **5445 COLLINS AVE STE 1722**
CITY-ST-ZIP **MIA-BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Luisa Soler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luisa Soler

4/25/96

305949-2929

Date

Signature Number

CR2E034 (12/95)