

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S40273 (2)
 1. Corporation Name **MINING EXPRESS, INC.**



Principal Place of Business 4530 N HIATUS RD. 111 SUNRISE FL 33351 US	Mailing Address 4530 N. HIATUS RD. 111 SUNRISE FL 33351 US
---	--

2. Principal Place of Business 21 10047 SUNSET STRIP Suite, Apt. #, etc 22 314 City & State 23 SUNRISE Zip 24 33322 Country 25 USA	2a. Mailing Address 26 10047 SUNSET STRIP Suite, Apt. #, etc 27 314 City & State 28 SUNRISE FL Zip 29 33322 Country 30 USA
---	---

3. Date Incorporated or Qualified 03/25/1991	3a. Date of Last Report 01/27/1995
4. FEI Number 65-0244553	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	

9. Name and Address of Current Registered Agent
**CHUECA, TERESA A.
 4530 N. HIATUS RD.
 STE 111
 SUNRISE FL 33351**

10. Name and Address of New Registered Agent
 81 Name **CHUECA, TERESA A**
 82 Street Address (P.O. Box Number is Not Acceptable)
~~10047 SUNSET STRIP~~
535 N. UNIVERSITY DR
 83 City **SUNRISE** FL 85 Zip Code **33324**

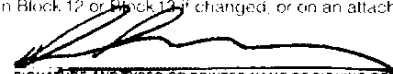
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required at bottom of page) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	P CHUECA, TERESA A
STREET ADDRESS	535 N UNIVERSITY DR
CITY-ST-ZIP	PLANTATION FL
TITLE	☐ DELETE
NAME	T GIANCARLO, VASQUEZ-SOLIS
STREET ADDRESS	10863 SW 88TH ST 345
CITY-ST-ZIP	MIAMI FL
TITLE	☐ DELETE
NAME	S CHUECA, LUIS
STREET ADDRESS	10863 SW 88TH ST 345
CITY-ST-ZIP	MIAMI FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ Change ☐ Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	S CHUECA, LUIS
33 STREET ADDRESS	11082 NW 38 ST
34 CITY-ST-ZIP	SUNRISE FL 33351
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **LUIS CHUECA** **08/05/96** **954-423-9317**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)