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	Mailing Address
4530 N HIATUS RD. 111 SUNRISE FL 33351 US	4530 N. HIATUS RD. 111 SUNRISE FL 33351 US

3. Date Incorporated or Qualified: 03/25/1991
3a. Date of Last Report: 01/27/1995

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

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~~
83 535 N. UNIVERSITY DR
84 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 _____ DATE _____
Signature, typed or printed name, of Registered Agent and title, if applicable (NOTE: Registered Agent signature required if changing Agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CHUECA, TERESA A		12 NAME		
STREET ADDRESS	535 N UNIVERSITY DR		13 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GIANCARLO, VASQUEZ-SOLIS		22 NAME		
STREET ADDRESS	10863 SW 88TH ST 345		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE	S	☒ Change ☐ Addition
NAME	CHUECA, LUIS		32 NAME	CHUECA, LUIS	
STREET ADDRESS	10863 SW 88TH ST 345		33 STREET ADDRESS	11082 NW 38 ST	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 08/07/96 954-423-9317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #