Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90080 005 \*\*\*163.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S51708**

GENERAL EXPRESS, INC.

G. 2. ( 2. ( )							
Principal Place	of Business	Mailing Address					
GENERAL EXPRESS		GENERAL EXPRESS					
1126 W FLAGLER ST		1126 W FLAGLER ST			DO NOT WRITE IN THE	S SPACE	
MIAMI FL 33130 US		MIAMI FL 33130 US		3. Date Incorporated or Qualifed			
<b>0</b> 0		00			05/09/1991		Ì
2. Principal Pla	ce of Business	2a. Mailing Address		<del></del>	4. FEI Number	Ap	plied For
<b>—</b>	AL EXPRESS	<b></b>	GENERAL EXPRESS		65-0259373	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		- Cadifords of Status Decimal	\$8.75	dditional
	W. FLAGLER ST.	27 1126 W. FLA	1126 W. FLAGLER ST.		5. Certifcate of Status Desired	Fee Re	quired
City & State City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
MIAMI	AMI FLORIDA, 28 MIAMI FLOR		ORIDA	A ,	Trust Fund Contribution	Added t	o Fees
Zip			Country		8. This corporation owes the current year le		\
331	30 25 U.S.A.	29 33130 3	0 U .	<u>s.a.</u>	Personal Property Tax.	[_] Yes	□No
	9. Name and Address of Curren	t Registered Agent		<del></del>	10. Name and Address of New Registered	i Agent	
P	ANTEC FARM		81	Name	NOT CHANGED		J
, CERVANTES, EMMA			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	WEST FLAGLER STREET						
MIAM	I FL 33130		83		•		
			84	City		85 Zip (	Code
				•	FI		
office or re agent. I an SIGNATURE	gistered agent, or both, in the State 1 familiar with, and accept the obligat	of Florida. Such change was autritions of, Section 607.0505, Florid	norized by ia Statutes	ine corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appe	ointment as re	gistered
	Signature, typed or printed name of registered ager	<u></u>		nt signature requir	ed when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	DS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	CERVANTES, EMMA		1.2 NAME			_ ,	_
NAME	1126 W. FLAGLER STREET		1.3 STREET	ADDRESS			
STREET ADDRESS	MIAMI FL 33130		1				
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-219		Change	Addition
TITLE	VP CEDVANTES MANUEL A	<del>-</del>					-
NAME	4400 NC FLACIED CIDET		2.2 NAME	T ADDEEDO			)
STREET ADDRESS	1126 W. FLAGLER STREET		2.3 STREE				
CITY-ST-ZIP			2 4 C/TY-5 3.1 TITLE	51-ZIP		☐ Change	Addition
TITLE			3.2 NAME		-	_ •	
NAME				T ADDOCCC			
STREET ADDRESS			3.3 STREE				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP		Change	Addition
TITLE		_ bearte	4 2 NAME				
NAME				T 40000000			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-212	<del></del>	Change	Addition
TITLE			5.1 HILE 5.2 NAME				
NAME				TADDRESS			
STREET ADDRESS			5.4 CITY-S	,	·		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE			62 NAME				_
NAME		,		TADDRESS			
STREET ADDRESS							

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 oath; that I am an officer or director of the corporation or the receiver or triskee 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.

6.4 CITY-ST-ZIP

SIGNATURE: