


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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S77847** (9)
1. Corporation Name
EDER EXPRESS, INC.

Principal Place of Business
**20340 NE 15TH COURT
MIAMI FL 33179**

**EDER EXPRESS, INC.
P.O. BOX 245732
PEMBROKE PINES, FL.
33024-0112**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified
09/03/1991

4. FEI Number
65-0282800

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ARELLANO, EDER 20340 NE 15TH CT MIAMI FL 33179		EDER ARELLANO P.O. Box 245732 P. Pines. FL. 33024 0112	
81 Name		82 Name	
83 Street Address		84 Street Address	
85 Zip Code		86 Zip Code	

81 **N/A**

82 **P.O. Box 245732 - P. Pines. FL. 33024 0112**

83 **450 S. Park Rd. #104**

84 **FL**

85 **33024**


86 **33024**

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 when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	N/A
NAME	ARELLANO, EDER	1.2 NAME	N/A
STREET ADDRESS	20340 NE 15TH CT	1.3 STREET ADDRESS	P.O. Box 245732
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	S	2.1 TITLE	N/A
NAME	ARELLANO, EDER	2.2 NAME	N/A
STREET ADDRESS	20340 NE 15TH CT	2.3 STREET ADDRESS	P.O. Box 245732
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:  **Eder Arellano** 3-1-98

CR2E034 (10/97)