FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00214 (9)

1. Corporation Name
MERCURY EXPRESS, INC.

Principal Place of Business	Mailing Address
4805 NW 79 AVE SUITE 17 MIAMI FL 33166	4805 NW 79 AVE SUITE 17 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21 7826 N.W. 53rd Street	26 7826 N.W. 53rd Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FLorida	28 City & State: Miami, FLorida
24 Zip: 33166 / 25 Country: USA	29 Zip: 33166 / 30 Country: USA

4. FEI Number: 65-0302346 ☐ 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

WILLBERG, MARK
703 N GARDENS DR
APT 203
POMPANO FL 33069

10. Name and Address of New Registered Agent

81 Name: Simon Cabello
82 Street Address (P.O. Box Number is Not Acceptable): 7826 N.W. 53rd Street
83
84 City: Miami FL 85 Zip Code: 33166

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: SIMON CABELLO, PRESIDENT — 6-28-95 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition President
NAME	MARK WILLBERG	1.2 NAME	Simon Cabello
STREET ADDRESS	703 GARDENS DR., #203	1.3 STREET ADDRESS	7826 N.W. 53rd St.
CITY-ST-ZIP	POMPANO FL	1.4 CITY-ST-ZIP	Miami,FL 33166
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition VP
NAME	CABELLO, SIMON	2.2 NAME	Israel Broide
STREET ADDRESS	7826 NORTHWEST 53 STREET	2.3 STREET ADDRESS	7826 N.W. 53rd St.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33166
TITLE	D	3.1 TITLE	☐ Change ☐ Addition D
NAME	ISRAEL BROIDE	3.2 NAME	Bernard Broide
STREET ADDRESS	1145 FAIRFAX LANE	3.3 STREET ADDRESS	7826 N.W. 53rd St.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Miami, Florida 33166
TITLE	D	4.1 TITLE	☐ Change ☐ Addition D
NAME	BERNARD BROIDE	4.2 NAME	Vilma Nuez
STREET ADDRESS	1235 FAIRFAX CIRCLE	4.3 STREET ADDRESS	7826 N.W. 53rd Street
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Miami. Florida 33166
TITLE	S	5.1 TITLE	☐ Change ☐ Addition D
NAME	VILMA NUEZ	5.2 NAME	Bruno Yoris
STREET ADDRESS	1331 SW 135 COURT	5.3 STREET ADDRESS	7826 N.W. 53rd Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Florida 33166
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ 6-28-95 (305) 597-9971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163016 CP