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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:04

DOCUMENT # V22840 (5)

1. Corporation Name
PERISHABLE EXPRESS, INC.

Principal Place of Business	Mailing Address
8600 N.W. 53RD TERRACE SUITE 215 MIAMI FL 33166 US	P.O BOX 521253 SUITE 107 MIAMI FL 33152 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1992
3a. Date of Last Report: 08/12/1994

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

4. FEI Number: 65-0322572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — $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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

PANTALEON, ALBERT
8600 N.W. 53RD TERRACE
SUITE 215
MIAMI FL 33166

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	XX Change ☐ Addition
NAME	PATALEON, ALBERT	1.2 NAME	PANTALEON, ALBERT	
STREET ADDRESS	16441 BLATT BLVD, SUITE 102	1.3 STREET ADDRESS	13449 S.W. 101 LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	MIAMI, FL., 33186	
TITLE	DST	2.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, ANA M	2.2 NAME		
STREET ADDRESS	12707 NW 102 PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	V	☐ Change XX Addition
NAME		3.2 NAME	RAMOS, FRANCISCO, A.	
STREET ADDRESS		3.3 STREET ADDRESS	12707 N.W. 102 PLACE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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: A. Pantaleon ALBERT PANTALEON 01-26-95 (305) 471-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420188 FP