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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90070 024 ***150.00

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|---|----|------|-----|-----|----|----|----|
| | | | | | | | |

1. Corporation Name

| ROYAL E | EXPRESS SERVICE, INC. | | | | | | | | |
|---|--|----------------------------------|---------------|------------------------------|---|---|--------------------------------|--------------------------|-------------------------|
| | | | | | | -{ | | | i ii iii iii iii |
| Principal Place of Business Mailing Address | | | | | | | | | |
| 6591 NW 82ND AVE 6591 NW 82ND AVE MIAMI FL 33166 MIAMI FL 33166 | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 04/15/1992 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Apr | olied For |
| 21 | | 26 | | | | 65-0325410 | | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5. Certifcate of Status Desired | \$ | 8.75 A Fee Red | |
| City & State | e | City & State | | | | 6. Election Campaign Financing | | 5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | ` | Added to | Fees |
| Zip | Country | Zip | Cou | untry | | 8. This corporation owes the current | · <u>-</u> | | _ |
| 24 | 25 29 30 | | | Personal Property Tax. 🙀 Yes | | | | | □No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Reg | jistered Ager | it | |
| VOC | EI EDIKA | | | 81 | Name | | | | |
| VOGEL, ERIKA 410 W. PARK DRIVE | | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable | e) | | |
| # 20 | | | | 02 | | | | | |
| | MI FL 33172 | | | 83 | | | | | |
| | | | | 84 | City | | FL 8 | | |
| office or re | to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat | of Florida. Such change was | authorize | d by t | the corporation | ration submits this statement for the pun's board of directors. I hereby accept t | irpose of char he appointme | ging its i nt as reg | registered gistered |
| SIGNATURE | Signature, typed or printed name of registered agen | at and title if applicable. (NOT | E: Registered | d Agent | t signature required | when reinstating) | DATE | | |
| 12. | | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICE | CERS AND D | RECTO | RS IN 12 |
| TITLE | V | ☐ DELETE | 1.1 ∏ | ITLE | | | | Change | ☐ Addition |
| NAME | PEREZ, ROQUE | | 1.2 N | AME | | | | | |
| STREET ADDRESS | 6591 NW 82ND AVE | | 1.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33166 | IIAMI FL 33166 | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | P | ☐ DELETE | 2.1 रा | ITLE | | | | Change | Addition |
| NAME | • | RODRIGUEZ, AURELIO 22N | | IAME | | • | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | * | | | |
| CITY-ST-ZIP | MIAMI FL 33166 | | | CITY-ST | T-ZIP | The same and same and the same | <u></u> | Change | Addition |
| TITLE | S AFRICORO ANDRES | ☐ DELETE | 3.1 T | | | | لبا | Change | |
| NAME | MENESES, ANDRES | | 3.2 N | | LEBBERG | | • | | |
| STREET ADDRESS | 6591 NW 82ND AVE | | | | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33166 | ☐ DELETE | 3.4. C | CITY-ST | T- ZIP | | | Change | Addition |
| TITLE NAME | vogel, erika | Clottele | | NAME | | | Ų. | | |
| | 410 W PARK DRIVE #206 | | | | ADDRESS | | | | |
| STREET ADDRESS | MIAMI FL 33172 | | | TY-ST | | | | | |
| CITY-ST-ZIP TITLE | 111/1111 1 E 00 1 / E | ☐ DELETE | 5.1 T | | - usr | | | Change | Addition |
| NAME | | <u>_</u> | 5.2 N | | | · , | _ | - | ** |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 C | TY-ST | -ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 T | TLE | | | | Change | Addition |
| l . | | | 62 N | IΔME | | | | | J |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 sustee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Roque Perez