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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17022

(8)

FLORIDA CARRIER, INC.

FILED
Apr 23 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address		
C/O ALEJANDRO A. ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY FL 33178	C/O ALEJANDRO A. ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY FL 33178	DO NOT WRITE IN THIS SPACE	
MEDLET TE OSTA	MEDLET PE SSTIP	3 Date Incorporated or Qualified	

				06/19/1985		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	<u> </u>	26		59-2553790	Not Applicable	
Suite, Apt. (	W, eNc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Commode of States Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees	
L Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	· == -	
24	25		30		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
ACOSTA, ALEJANDRO A.			81 Nam	81 Name		
12060 N.W. SOUTH RIVER DRIVE		82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)			
MEDLEY FL 33178						
			83			
ļ			84 City		85 Zip Code	
			1 1 1	FL.	· ·	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of furior. 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 obtaining of Section 607.0505, Florida Statules.  SIGNATURE						
!	Signature, typed or printed name of gistered agen			ure required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	DP /	☐ DELETE	1.1 TITLE	į	Change L Addition	
NAME	ACOSTA, ALEJANDRO A.		1.2 NAME			
STREET ADDRESS	12060 NW SOUTH RIVER DR		1.3 STREET ADDRES	S		
CITY-ST-ZIP	MEDLEY FL		1.4 CITY-ST-ZIP			
TITLE	ST	DELETE	2.1 TITLE		Change X Addition	
NAME	<b>E</b> LORTEGUI, RAFAEL		2.2 NAME	ELORTEGUI MARTA		
STREET ADDRESS	780 N.W. 42ND AVE., #501		2.3 STREET ADDRES	12060 NW. SO. RIVER DR.		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	MEDLEY, FLORIDA 33178		
TITLE		☐ DELETE	3.1 TITLE	· E	Change  Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	3		
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	s		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES	s		
CITY+ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRES	s <b>1</b>		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	ertify that the information supplied wit	h this filing does not qualify fo		ated in Section 119.07(3)(i), Florida Statutes, I further cert	fy that the information	

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.

CICNATURE.

ALEJANDRO ACOSTA, 4/16/98 (305) 888-1717