

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000050694 (7)**

1. Corporation Name
GUTIERREZ COURIER & CARGO, INC.

95 FEB 23 PM 2: 59

Principal Place of Business Mailing Address
1375 NW 97 AVE #10 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1993** 3a. Date of Last Report **03/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1375 NW 97 Ave** 26 **P.O. Box # 1231**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite # 13** 27
City & State City & State
23 **MIAMI / FL** 28 **TEGUCIGALPA**
Zip Country Zip Country
24 **33172** 25 **U.S.A.** 29 **HONDURAS** 30

4. FCI Number **65-0424424** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Expenses Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 193.037 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ESTRADA, AURELIO
5459 NW 72 AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: _____
Registered Agent or Special Agent of Registered Agent and Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND TITLES, ETC.	
TITLE	PSTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, MARCO T	1. NAME	
STREET ADDRESS	11402 SW 87 TERR	1. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1. CITY, ST, ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is substantially true and correct and qualify for the exemptions stated or has been filed in accordance with the laws of the State of Florida. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if each person really had signed the report or the officer or the officer of the corporation or the officer of the corporation to execute the report as required by Chapter 407, Florida Statutes, and that my name appears in Block 13 of this report as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Feb 7/95 (504) 32-0587