## 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

FILED
Jan 30 1998 8:00am
Secretary of State

| DOCUMENT # P9300043299 (5) ARROW EXPRESS MESSENGER SERVICE, INC. |                                       |                            |  |                                      |                        |                                      |                       |                       |               |                                  |  |          |              |                      |               |
|--|---------------------------------------|----------------------------|--|--------------------------------------|------------------------|--------------------------------------|-----------------------|-----------------------|---------------|----------------------------------|--|----------|--------------|----------------------|---------------|
| Principal Place of Business Mailing Address                      |                                       |                            |  |                                      |                        |                                      |                       |                       |               |                                  | - 1 1889/1884 110 19/08 11/64 88/11 89/11 88/11  |          |              |                      | 0   DAI   OOA |
| 8045 NW 36TH ST 8045 NW 36TH ST                                  |                                       |                            |  |                                      |                        |                                      |                       |                       |               |                                  |  |          |              |                      |               |
| STE 532-A STE 532-A  |                                       |                            |  |                                      |                        |                                      |                       |                       |               |                                  |  |          |              |                      |               |
| MIAMI FL 33168   |                                       |                            |  |                                      | MIAMI FL 33166         |                                      |                       |                       |               |                                  | DO NOT WRITE IN THIS SPACE   |          |              |                      |               |
| <b>US</b> US   |                                       |                            |  |                                      |                        |                                      |                       |                       |               |                                  | 3. Date Incorporated or Qualified  |          |              |                      |               |
| 2. Principal Place of Business 2a. Mailing Address               |                                       |                            |  |                                      |                        |                                      |                       |                       |               | 06/18/1993<br>4. FEI Number      |  |          | т            |                      |               |
| _  | гипора га                             | Ce OI DUSII                | 1622   | }                                    | 26                     |                                      |                       |                       |               |                                  | 65-0417656   |          | $\vdash$     | <del>- + - · ·</del> | olied For     |
| 21   | Sulte, Apt. #.                        | ot. #, etc.                |  |                                      | Suite, Apt. #, etc.    |                                      |                       |                       |               |                                  |  | 60       |              | Applicable dditional |               |
| 22   |                                       | ·                          |  |                                      | 27                     |                                      |                       |                       |               | 5. Certificate of Status Desired |  | <b>-</b> | e Rec        |                      |               |
|  | City & State                          | itate                      |  |                                      | City & State           |                                      |                       |                       |               |                                  | 6. Election Campaign Financing   |          |              |                      | May Be        |
| 23   |                                       |                            |  |                                      | 28                     |                                      |                       |                       |               |                                  |  |          |              |                      | Fees          |
|  | Zip                                   | Country                    |  |                                      | Zip                    |                                      |                       | Country               |               |                                  | 8. This corporation owes or has paid   | the curr | ent yea      | ar Inta              | ngible        |
| 24   |                                       |                            | 25   |                                      | 29                     |                                      | 30                    |                       |               |                                  | Personal Property Tax due June 30  | o. 🛂     | Yes          |                      | No            |
|  |                                       |                            |  | of Current Re                        | egistere               | d Agent                              |                       | 61                    |               |                                  | 10. Name and Address of New Regi   | stered A | gent         |                      |               |
| JUAN CARLOS ALVAREZ  |                                       |                            |  |                                      |                        |                                      |                       |                       | Name          |                                  |  |          |              |                      |               |
| 8045 NW 38TH ST  |                                       |                            |  |                                      |                        |                                      |                       | 82                    | Street        | Addre                            | ss (P.O. Box Number is Not Acceptable  | )        |              |                      |               |
| STE 532-A  |                                       |                            |  |                                      |                        |                                      |                       | 20                    |               |                                  |  |          |              |                      |               |
| MIAMI FL 33166   |                                       |                            |  |                                      |                        |                                      | 83                    |                       |               |                                  |  |          |              |                      |               |
|  |                                       |                            |  | •                                    |                        |                                      |                       | 84                    | City          |                                  |  | FL       | 85           | Zip C                | ode           |
| -11  | Pureuant to                           | the provie                 | ions of Section                                  | ne 607 0502 er                       | vd 607 1               | 508 Florida Statu                    | ites the              | about                 | 0-00000       | Corpo                            | ration eulimite this statement for the pur   |          | channi       | ing its              | registered    |
|  | office or reg<br>agent. I am          | gistered ag<br>familiar wi | ent, or <b>b</b> oth, i<br>th, <b>and a</b> ccep | n the State of F<br>t the obligation | lorida. S<br>ns of, Se | Such change was<br>ction 607.0505, F | authoriz<br>Iorida Si | ed by                 | the cor       | poratio                          | oration submits this statement for the pur<br>on's board of directors. I hereby accept   | he appo  | intmer       | ntas re              | egistered     |
| SIG  | NATURE _                              | analure broad              | or printed name of                               | registered agent an                  | d little if son        | licable (NO                          | TF Hanisle            | red Ans               | ant signature | A remiirer                       | d when reinstating)  | DATE     |              |                      |               |
| 12.  |                                       | OFFICERS ANI               |  |                                      |                        |                                      |                       | 13.                   |               |                                  | ADDITIONS/CHANGES TO OFFICE  |          | DIREC        | TORS                 | IN 12         |
| TITL   | E                                     | PVST                       |  |                                      | <del></del>            | ☐ DELETE                             | 1.1                   | TITLE                 |               |                                  |  | ]        | Cha          | nge                  | Addition      |
| NAM  | · · · · · · · · · · · · · · · · · · · |                            |  |                                      |                        |                                      |                       | NAME                  | AME           |                                  |  |          |              |                      |               |
| STRI   | TADDRESS 18187 NW 61 PL               |                            |  |                                      |                        |                                      | 1.3 STREET ADDRESS    |                       |               |                                  |  |          |              |                      |               |
|  | -ST-ZIP                               | MIAMI F                    | <u>t</u>   |                                      |                        |                                      | 1,4                   | CITY-S                | T-ZIP         | ļ                                | - PATE LA  |          | _            |                      |               |
| TITL   |                                       |                            |  |                                      |                        | ☐ DELETE                             |                       | TITLE                 |               |                                  |  | l        | Cha          | nge                  | ☐ Addition    |
| NAM  |                                       |                            |  |                                      |                        |                                      |                       | NAME                  |               |                                  |  |          |              |                      |               |
|  | ET ADDRESS                            |                            |  |                                      |                        |                                      |                       |                       | ADDRESS       |                                  |  |          |              |                      |               |
| TITL   | -ST-ZIP                               |                            | <del></del>                                      | •••                                  |                        | DELETE                               |                       | CHY-S                 | ST-ZIP        | <del> </del>                     |  | ·····    | ] Cha        | 200                  | Addition      |
|  | NAME                                  |                            |  |                                      | C DILLIE               |                                      |                       | 3.1 117LE<br>3.2 NAME |               |                                  |  |          |              | igo                  | - Addition    |
|  | ET ADDRESS                            |                            |  |                                      |                        |                                      |                       |                       | ADDRESS       |                                  |  |          |              |                      |               |
|  | -ST-ZIP                               |                            |  |                                      |                        |                                      |                       | . CITY-S              |               |                                  |  |          |              |                      |               |
| TITLE  |                                       |                            |  |                                      |                        | DELETE                               |                       | TITLE                 | J1 211        |                                  |  |          | Cha          | nge                  | Addition      |
| NAM  | E                                     |                            |  |                                      |                        |                                      | 4.2                   | NAME                  |               |                                  |  |          |              |                      |               |
| STRE   | ET ADORESS                            |                            |  |                                      |                        |                                      | 4.3                   | STREET                | ADDRESS       | l                                |  |          |              |                      |               |
| CITY   | -ST-ZIP                               |                            |  |                                      |                        |                                      | 4.4                   | CITY-S                | T- ZIP        | 1                                |  |          |              |                      |               |
| TITLI  |                                       |                            |  |                                      |                        | ☐ DELET€                             | 5.1                   | TITLE                 |               |                                  | The state of the s | [        | Cha          | nge                  | Addition      |
| NAM  | E                                     |                            |  |                                      |                        |                                      | 52                    | NAME                  |               |                                  |  |          |              |                      |               |
| STRE   | EET ADDRESS                           |                            |  |                                      |                        |                                      | 53                    | STREET                | ADDRESS       |                                  |  |          |              |                      |               |
|  | -ST-ZIP                               |                            |  |                                      |                        |                                      |                       | CITY·S                | T-ZIP         |                                  |  |          |              |                      |               |
| TITLI  |                                       |                            |  |                                      |                        | ☐ DELETE                             | 8                     | TITLE                 |               |                                  |  | Ĺ        | Cha          | nge                  | Addition      |
| NAM  |                                       |                            |  |                                      |                        |                                      |                       | NAME                  |               |                                  |  |          |              |                      |               |
|  | ET ADDRESS                            |                            |  |                                      |                        |                                      |                       |                       | ADDRESS       |                                  |  |          |              |                      |               |
| CITY   | -ST-ZIP                               | - F 10 - 2 - 11            | - 1- <b>6</b>                                    | 45 11 121 14                         | 1 FIF                  |                                      | 6.4                   | CITY-S                | T-ZIP         | 1                                | 110 07(0)V3 Florida Danda - 16   |          | <del> </del> |                      |               |

14. 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 supplicit 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.

CIGNATURE.

6 alm

01/96/98 (PHONE 599626)