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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000011787 (4)

1. Corporation Name

ON THE GO COURIER SYSTEMS, INC.



Principal Place of Business

Mailing Address

900 S.W. 84TH AVENUE #301
MIAMI FL 33144

900 S.W. 84TH AVENUE #301
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9420 W. Flagler Street		26 P.O. Box 44-2419		02/07/1996	
Suite, Apt. #, etc. 22 #401		Suite, Apt. #, etc. 27 -----		4. FEI Number 65-0640532	
City & State 23 Miami, Florida		City & State 28 Miami, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33174		Zip 29 33144-9998		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 Miami-Dade		Country 30 Miami-Dade		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CARBALLOSA, HUGO A SR
19 MINORCA AVENUE
#37
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	Hugo Carballosa, Jr.	
82 Street Address (P.O. Box Number is Not Acceptable)	9420 West Flagler Street #401	
83		
84 City	FL	85 Zip Code 33174

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 resigning)

04-24-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	K
NAME	CARBALLOSA, ELIZABETH S	1.2 NAME	Carballosa, Elizabeth S.
STREET ADDRESS	19 MINORCA AVENUE #37	1.3 STREET ADDRESS	9420 West Flagler Street #401
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Miami, Florida 33174
TITLE	D	2.1 TITLE	X
NAME	CARBALLOSA, HUGO A SR	2.2 NAME	Carballosa, Hugo A. Sr.
STREET ADDRESS	900 S.W. 84TH AVENUE #301	2.3 STREET ADDRESS	900 S.W. 84th Avenue #304
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	Miami, Florida 33144
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		3.2 NAME	President/Director
STREET ADDRESS		3.3 STREET ADDRESS	Hugo Carballosa, Jr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	9420 West Flagler Street #401
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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

04-24-98

CR2E034 (10/97)