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

**FILED** Feb 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # UNITED EXPRESS COURIER, INC. Principal Place of Business Mailing Address 8000 NW 31TH ST 8000 NW 31ST ST SUITE 4 SUITE 4 MIAMI FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 7300 N.W. 34 STREET 7300N.W. 34 STREET 59-2215345 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State MIAMI FLORIDA City & State
MIAMI FLORIDA 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zψ Zip Country Country 8. This corporation owes or has paid the current year Intangible 33122 DADE 33122 DADE 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CASTRILLON, JOSEPH 800 NW 31ST ST Street Address (P.O. Box Number is Not Acceptable) SUITE 4 83 **MIAMI FL 33122** 7300 N.W. 34 STREET 84 Zip Code 2 2 IMAIN 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 punted name of registered agent and title if applicable (NOTE Tregistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 HHE Addition TITLE CASTRILLON, JOSEPH E. NAME 1.2 NAME 11941 S.W. 120 AVE. STREET ADDRESS 1.3 STREET ADORESS MIAMI FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 HILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - 7(P) DELFTE Addition Change TITLE 3.1 TO LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - ZIP Change TITLE \_\_ DELETE 4.1 TITLE \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - 7(F DELETE Change Addition TITLE 5.1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY-S1-ZIP

CITY-ST-ZIP 14. Thereby 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 supplience lab-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 changes, or on an attachment with an address.

6.1 TITL€

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition