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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # G90652**

1. Corporation Name

MIAMI EXPRESS COURIER, INC.

Principal Place of Business	Mailing Address		
10421 NW 28 STREET UNIT 115 MIAMI FL 33172	10421 NW 28 STREET Unit 115 Miami FL 33172		
2. Principal Place of Business	2a. Mailing Address		
	Suite, Apt. #, etc.		
Suite, Apt. #, etc.	27		

**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90064 022 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

02/07/1984

59-2395242

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip	Country	Zip	Country		8. This corporation owes the current year Intangible					
J	25	29	30		Personal Property Tax.	☐ Yes	□No			
<u> </u>	g. Name and Address of Current F	<del></del>	10. Name and Address of New Registered Agent							
			81	Name						
DIAM	nond, keith		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)				
46 SW 1ST 4TH FLOOR			102	OLIBET AUGIESS (F.O. DOX HUMBOT TO THAT AUGOPHICATO)						
MAIM	AI FL 33130		83							
			84	City		85 Zip	Code			
				City		FL T				
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										
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was au	itnonzeo ov	the corporauc	on's poard of directors, i hereby accept	the appointment as it	29.510100			
	min dina and accept the obligation									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Age	nt signature require		DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		ORS IN 12			
TTLE	PSD	☐ DELETE	1,1 TITLE			☐ Change				
IAME	HARRINGTON, KURT		1.2 NAME							
STREET ADDRESS	10421 NW 28TH ST., #115		1,3 STREE	T ADDRESS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP			C Addition			
TITLE	DV	□ DELETE	2.1 TITLE			☐ Change	☐ Addition			
MAME	ALVAREZ, ANDY		2.2 NAME							
STREET ADDRESS	10421 NW 28TH ST., #115		2.3 STREE	TADDRESS						
CITY-ST-ZIP	MIAMI FL	<u> </u>	2. 4 CITY-	ST-ZIP			- Nager			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition			
NAME	}		3,2 NAME							
STREET ADDRESS			3,3 STREE	T ADDRESS						
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			FT A JULY			
TITLE		☐ DELETE	4,1 TITLE			☐ Change	Addition			
NAME			4, 2 NAME							
STREET ADDRESS			4,3 STREE	T ADDRESS						
CITY-ST-ZIP			4,4 CITY-S	IT-ZIP						
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change	☐ Addition			
VAME	]		5.2 NAME	1						
STREET ADDRESS				TADORESS						
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			<b>□</b> A 1200			
TITLE		☐ DELETE	6,1 TITLE	l l		☐ Change	☐ Addition			
NAME	Ì		6.2 NAME	1						
STREET ADDRESS			6.3 STREE	T ADDRESS						
CITY-ST-ZIP			6.4 CITY-5							
	02 14 - 2 24 - 1-2 24 - 24	this filling doos not qualify for	the everne	ion stated in S	Section 119 07(3)(i) Florida Statutes, 1	further certify 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED