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Jun 11 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

K22902 N/C 8/14/97 → IN

1. Corporation Name

M. C. Courier Inc.

Principal Place of Business

Mailing Address

9695 NW 79 Ave
Boy #46
Hialeah, FL 33016

10590 NW 77 CE #207
HALEAH FL 33016-2070

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

5-9-88

4. FEI Number

65-0611079

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 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

Eva Ruiz de Castilla

4/30/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE PD
NAME Lourdes Pimentel
STREET ADDRESS Pres
CITY-ST-ZIP

12 TITLE
NAME Eva Ruiz de
STREET ADDRESS CASTILLA
CITY-ST-ZIP V. Pres

13 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P. Lourdes Pimentel
12 NAME 9695 NW 79 AVE #46
13 STREET ADDRESS HIALEAH FL 33016
14 CITY-ST-ZIP

21 TITLE U/P Eva Ruiz de Castilla
22 NAME 9695 NW 79 AVE #46
23 STREET ADDRESS HIALEAH FL 33016
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME 700002212987
53 STREET ADDRESS -06/16/97--01101--010
54 CITY-ST-ZIP ***165.00

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 Lourdes Pimentel Eva Ruiz de Castilla 4/30/97 925-2537

CR2E034 (9/96)