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FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90005 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K23896

1. Corporation Name

PREFERRED COURIER SERVICES, INC.



Principal Place of Business

953 SW 122ND AVE
MIAMI FL 33184
US

Mailing Address

953 SW 122ND AVE
MIAMI FL 33184
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1988

4. FEI Number

65-0047344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 3869 SW 99 AVE

Suite, Apt. #, etc.

22 4

City & State

23 MIAMI FL

Zip

24 33165

Country

25 USA

2a. Mailing Address

26 PO Box 55-8155

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33255

Country

30 USA

9. Name and Address of Current Registered Agent

GARCIA, ALEJANDRO M.
3869 SW 99 AVE
BLDG 3 SUITE 5
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

Alejandro M. Garcia

82 Street Address (P.O. Box Number is Not Acceptable)

3869 SW 99 AVE

83

Bldg 3 Suite 4

84

City MIAMI, FL

FL

85 Zip Code

33165

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 agent 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

DP

NAME

GARCIA, ALEJANDRO M.

STREET ADDRESS

3869 SW 99 AVE #3-5

CITY-ST-ZIP

MIAMI FL

TITLE

V

NAME

GARCIA, ALEJANDRO H.

STREET ADDRESS

3869 SW 99 AVENUE #3-5

CITY-ST-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

3869 SW 99 AVE # 3-4

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

305-554-1555

Daytime Phone #