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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K23905**

1. Corporation Name

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90094 046 ***150.00

DOMESE	A COURIER CORPORATION				
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Principal Place		2232 NAVL 82ND AVE.			
2232 NW 82ND MIAMI FL 33122		MIAMI FL 33122-4509			
8250 NW 85 st # 1				DO NOT WRITE IN THIS	S SPACE
-				3. Date Incorporated or Qualifed	
	, FL 33183		·	05/18/1988	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0060953	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zin	Country	Zip Zip	Country	8. This corporation owes the current year In	
Zip	25	-	30	Personal Property Tax.	☐Yes ☐No
24	9. Name and Address of Current		30	10. Name and Address of New Registered	Agent
	5. Name and Address of Sarran		81 Name		
GUA	RIGUATA U., GUSTAVO		20 0 0	(D.C. Day Number is Not Assertable)	
72832	NW 82ND AVE.		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
MIAN	MTFL_33126		83		
9250	25 st #	- 4			Teel 7: 0-4-
MIA	6. 22122	4	84 City	FI	85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flori	s, the above-named con thorized by the corporat da Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	f changing its registered pintment as registered
CIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
SIGNATURE	OFFICERS AN	t and title if applicable. (NOTE:	Registered Agent signature required 13.		ND DIRECTORS IN 12
	OFFICERS AN	t and title if applicable. (NOTE:	Registered Agent signature requirements 13.	red when reinstating) DATE	
12. TITLE NAME	OFFICERS AN DVP GUARIGUATA U., GUSTAVO	t and title if applicable. (NOTE:	Registered Agent signature requir 13. 1.1 TrrLE 1.2 NAME	red when reinstating) DATE	ND DIRECTORS IN 12
12.	OFFICERS AN DVP GUARIGUATA U., GUSTAVO 232 NW 82ND AVE.	t and title if applicable. (NOTE:	13. 1.1 TruLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	ND DIRECTORS IN 12
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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 the 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 employered 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 attention of the receiver of the corporation of the corpora

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING OFFICER OR DIRECTOR