

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90006 029 ***558.75

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # K51470

1. Corporation Name

COURIER MASTERS, INC.



Principal Place of Business

7913 NW 64TH STREET
MIAMI FL 33166

Mailing Address

7913 NW 64TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/10/1988

2. Principal Place of Business

21 **6915 NW 43rd STREET**

2a. Mailing Address

26 **P.O. BOX 522910**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI FL**

City & State

28 **MIAMI, FL**

Zip

24 **33166**

Country

25 **USA**

Zip

29 **33152**

Country

30 **USA**

4. FEI Number

65-0089523

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 owes the current year
Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

CEJAS, GUSTAVO
10732 SW 138TH AVE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 - Name

CEJAS, GUSTAVO

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

911 EAST 13 STREET

83

84 City

MIAMI, FL

FL

85 Zip Code

33010

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☒ DELETE

NAME **CEJAS, GUSTAVO**
STREET ADDRESS **10732 SW 138TH PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **P** ☒ DELETE

NAME **RAMIREZ, ALEXANDER**
STREET ADDRESS **5941 SW 44 TER**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/S/T** ☒ Change ☐ Addition

1.2 NAME **CEJAS, GUSTAVO**
1.3 STREET ADDRESS **911 E 13 ST**
1.4 CITY-ST-ZIP **33010, MIAMI, FL**

2.1 TITLE **MR V** ☐ Change ☒ Addition

2.2 NAME **NELLY P HERNANDEZ**
2.3 STREET ADDRESS **5903 NW 111 AV**
2.4 CITY-ST-ZIP **MIAMI, FL 33166**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE

CR2E034 (5/99)