

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 FEB 28 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # K62879****(7)**

1. Corporation Name

M & M INTERNATIONAL COURIER CORP.

Principal Place of Business

**7311 NW 12TH STREET #28
MIAMI FL 33126**

Mailing Address

**7311 NW 12TH STREET #28
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/02/1989

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0098091

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

**UIPAN, ALICIA R.
2420 S.W. 108TH PL
MIAMI FL 33165**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
GOMEZ, MARIO A.
10625 SW 138 CT.
MIAMI FL**TITLE
NAME
STREET ADDRESS
**VTD
GOMEZ, MARIA SOLEDAD
10815 SW CT.**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
UIPAN, ALICIA R.
2420 S.W. 108TH PL
MIAMI FL**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP**RESIGNED**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP**RESIGNED**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP**PSD
UIPAN, ALICIA R.
2420 S.W. 108 TH PL.
MIAMI FLA 33165**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP**VTD
UIPAN, ANTONIO J.
2420 S.W. 108 TH PL.
MIAMI FLA 33165**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALICIA R. UIPAN

FILED 09, 1995 (305) 477 1820