

FILED

Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90008 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999 (1)FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

K80785
ALBES COURIER SERVICES INC

Principal Place of Business

Mailing Address

626 NW 134 PL
MIAMI FL 33182626 NW 134 PL
MIAMI FL 33182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/14/89

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip

Country

28 Zip

Country

4

25

29

30

9. Name and Address of Current Registered Agent

GARCIA, IVETTE
4380 SW 15 ST
MIAMI FL 33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETENAME ALBERTO PITA
STREET ADDRESS 626 NW 134 PL
CITY-ST-ZIP MIAMI FL 33182TITLE SECRETARY ☒ DELETENAME IVETTE GARCIA
STREET ADDRESS 626 NW 134 PL
CITY-ST-ZIP MIAMI FL 33182TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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

Yvette Garcia

7/29/99

305-2235057

CR2E034 (1/98)

K80780

601933-90014

June 21, 1999

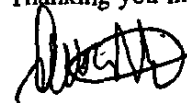
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please be advised that I do not recall receiving the 1999 annual report, and I was not aware of that until I opened a new bank account. I frankly did not receive the renewal, and I did not remember that it expired in May. I was not aware of the steps I had to take in the event the renewal was not received.

My record will show that I have always been in compliance with the requirements. For these reasons please accept my \$150.00 and I will make certain that this situation does not recur.

Thanking you in advance for your cooperation.



Alberto E. Pita
President, Albes Courries Service