FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 2/1405 .1. Corporation Name

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90010 006 ***158.75

SEP	RVICOURIER,	INC.				
Principal Prace of Business 9395 N.W. 13th St 556 & 255t UIAMI · FL · 33172 # 111				DO NOT WRITE IN THIS SPACE		
MIAMI	1. Ph. 33112	HIALEAH,	FL 3301	3. Date Incorporated or Qualified 8/20/1989		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
ri l		26		65-0147552	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	Additional
••		27		5. Certificate of Status Desired	Fee Re	quired
City & Stat	е	City & State		.5. Election Campaign Financing	- \$5.00°	•
		28		Trust Fund Contribution	Added to	o Fees
Ζ φ	Country	Zip	Country	8. This corporation owes the current year		II NO
*A	25	1=-1	30	Personal Property Tax.		ILANO
	9. Name and Address of Current		81 Name	10. Name and Address of New Registe	Ted Agent	
MON	IENEGRO, FRA	NOISCO				
939	TENEGRO, FRA 5 N.W. 13 th S	Z	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
			83			
MIAM	1, FL. 33/12					
	•		84 City	!	FI 85 Zip C	Code
office or n agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligati	f Florida, Such change was au	thorized by the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its ppointment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and fille if applicable. (NOTE.	Registered Agent signature requ	olired when reinstating) DAT	E	·
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	\mathcal{D}	☐ DELETE	1.1 TITLE		Change	Addition
NAME	MONTENEGRO 13	RANCISC U	12 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CHY-\$7-28°	MIANI. FL. 33.		1,4 CITY-ST-ZIP			read A LCC
TITLE	•	☐ DELETE	2.1 TITLE		Change	Addition
DAVE			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CIT/-ST-ZIP			2. 4 CITY-ST-ZIP			T Addition
Inre		☐ DETELE	I 3.1 TITLE		Change Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-SI-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
TITLE	•	□ beceit	4.1 IIILE 4.2 NAME			—
NAME			4. 2 NAME			
STREET ADDRESS			4.4 CITY-ST-ZIP			
TOLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS		,	5.3 STREET ADDRESS			
CITY-S1-ZIP			5.4 CITY-ST-ZIP			
TRIE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			62 NAME	1		
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			
ir.dicated of	on this annual report or supplemental a	innual report is true and accura er or trustee empowered to ex-	ate and that my signatu ecute this report as req	Section 119.07(3)(i), Florida Statutes. I further tre shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and th	under oath; that i	am an

TRANCISCO

ATHRE AND TYPED OR PRINTED NAME OF SIGNING ONLICER OR DIRECTOR