

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M21873 (8)

1. Corporation Name

AMERICAN COURIER EXPRESS, CORPORATION

Principal Place of Business

Mailing Address

8544 MIRAMAR PARKWAY
MIRAMAR FL 33025

8544 MIRAMAR PARKWAY
MIRAMAR FL 33025



2. Principal Place of Business

2a. Mailing Address

21 3950 S.W. 130th AVE
Suite, Apt. #, etc.

26 ~~3950 SW 130 AVE~~
Suite, Apt. #, etc.

22 City & State
MIRAMAR FL

27 City & State
~~MIRAMAR~~

23 Zip Country
33027 BROWARD

28 Zip Country
~~33027~~ BROWARD

24 33027-2834

29 33027

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/11/1985

3a. Date of Last Report

05/31/1995

4. FEI Number

59-2605676

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

10. Name and Address of New Registered Agent

81 Name ADRIAN RODON ADRIAN RODON

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

83 3950 SW 130 AVE

84 City MIRAMAR

85 Zip Code FL 33027

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 ADRIAN RODON

ADRIAN RODON

4/16/96

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 PD ☒ DELETE

NAME RODON, ADRIAN

STREET ADDRESS 8544 MIRAMAR PARKWAY 3950 S.W. 130 AVE

CITY-ST-ZIP MIRAMAR FL 33027

TITLE VST ☒ DELETE

NAME RODON, MIGDALIA

STREET ADDRESS 8544 MIRAMAR PARKWAY 3950 S.W. 130 AVE

CITY-ST-ZIP MIRAMAR FL 33027

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 3950 SW 130 AVENUE

1.4 CITY-ST-ZIP MIRAMAR, FL 33027

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3950 SW 130 AVENUE

2.4 CITY-ST-ZIP MIRAMAR, FL 33027

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ADRIAN RODON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

(305) 330 0750

Daytime Phone #

CR2E034 (12/95)