

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M54825** (8)

1. Corporation Name

QUALITY INTERNATIONAL COURIER CORP.

Principal Place of Business

**7203 NW 12 ST.
MIAMI FL 33126-1910**

Mailing Address

**7203 NW 12 ST.
MIAMI FL 33126-1910**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1987

3a. Date of Last Report

03/30/1994

4. FEI Number

65-0034177

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 a taxable tax under S 199.02,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

City & State

24

City & State

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

City & State

29

City & State

30

City & State

9. Name and Address of Current Registered Agent

**BARBOSA, FERNANDO SANTOS
7203 NW 12 ST.
MIAMI FL 33126-1910**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME
2. STREET ADDRESS
3. CITY & STATE
4. NAME
5. STREET ADDRESS
6. CITY & STATE
7. NAME
8. STREET ADDRESS
9. CITY & STATE
10. NAME
11. STREET ADDRESS
12. CITY & STATE
13. NAME
14. STREET ADDRESS
15. CITY & STATE
16. NAME
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25. NAME
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28. NAME
29. STREET ADDRESS
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18. CITY & STATE
19. NAME
20. STREET ADDRESS
21. CITY & STATE
22. NAME
23. STREET ADDRESS
24. CITY & STATE
25. NAME
26. STREET ADDRESS
27. CITY & STATE
28. NAME
29. STREET ADDRESS
30. CITY & STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 3 of change or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

03/21/95

(305) 4774278