FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M57105

1. Corporation Name
SUPER PROFESIONAL COURIER INC.

Principal Place of Business
5245 NW.36 ST
#208
MIAMI SPRINGS,FL.33166

Mailing Address
1051 W.59 PLACE
HIALEAH FL.33012-2307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-11-1987
3a. Date of Last Report: 5/01/1994

2. Principal Place of Business — 21
Suite Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2833187 — 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 subsidiary for indemnification under s. 607.0850, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
VENTURA,FELIPE S.
1051 W 59 PLACE
HIALEAH,FL. 33012

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 I will comply with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE
* (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature must be in ink) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VENTURA,LUISA N.
STREET ADDRESS	1051 W 59 PLACE
CITY, ST, ZIP	HIALEAH,FL.
TITLE	VD
NAME	VENTURA,FELIPE
STREET ADDRESS	1051 W 59 PLACE
CITY, ST, ZIP	HIALEAH,FL.
TITLE	SD
NAME	SAMOKIESZY,N.
STREET ADDRESS	1051 W 59 PLACE
CITY, ST, ZIP	HIALEAH,FL.
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
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	☐ Change ☐ Addition
2.2 NAME	900001482569
2.3 STREET ADDRESS	-05/10/95--01060--010
2.4 CITY, ST, ZIP	****200.00 ****200.00
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	5/1/95
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I 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)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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: Luisa N. Ventura — 4-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date