DOCUI		3)	FILED Jan 30, 2001 08:00 AM Secretary of State							
MIAMI-DA	ADE EXPRESS COURIERS, INC	C.				Secretary	UI DE	acc		
Principal Place		Mailing Address							-	
HIALEAH FL 33012		HIALEAH 33012								
2. Principal Pi	lace of Business	3. Mailing Address 7205 NW 68TH STREET		<u>.</u>					-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	9 FL	City & State MIAMI FL				4. FEI Number 65-0974894			oplied For ot Applicable	Ì
Zip 33166	Country	Zip 33166	Count			5. Certificate of Status Desired	; <u> </u>	\$8.75 Ad	ditional	1
	6. Name and Address of Current	Registered Agent	-			7. Name and Address of Nev	Registered			1
SUZREZ MICHELLE LYN 1478 W 44TH TERRACE						MICHELLE LYN O. Box Number is Not Accepta REET	ble)		-	
HIALEAH FL 33012				SUITE #	2			7:- 0		_
	named entity submits this statement f			MIAMI			F	Zip Cod 33166	e	
9. This corpo	MICHELLE SUAREZ Signature, typed or printed name of registered agen ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	t and title if applicable. (NOT	III FEE	IS \$150.6 will be \$5	00 50.00	then reinstating) 10. Election Campaign Trust Fund Contribu	DATE Financing	\$5.0	00 May Be	
11.	OFFICERS AND	DIRECTORS	12.			ADDITIONS/CHANGES TO C	EFICERS AN	ID DIBECTOR	© INI 11	4
TITLE NAME	PD SUAREZ LUIS ALBERTO	☐ Delete	TITLE		PD SUARE		FLIOEWS VI	M Change	Addition	(11/00)
STREET ADDRESS CITY-ST-ZIP	1478 W 44TH TERRACE		STRE	ET ADDRESS - ST-ZIP		00 NW 114TH AVE #2211				
TITLE NAME	VD SUAREZ MICHELLE LYN	☐ Delete	TITLE		VD SUARE	CZ MICHELLE LYN		X Change	Addition	CR2E03
STREET ADDRESS CITY-ST-ZIP	1478 W 44TH TERRACE HIALEAH FL 33012		STRE			W 114TH AVE #2211	FL	33178		
TITLE		☐ Delete	TITLE					<u></u>	☐ Addition	4
NAME STREET ADDRESS CITY-ST-ZIP		Belote	NAM STRE					<u> </u>	[_] Addition	
TITLE NAME		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAMI STRE	ET ADORESS	_			Change	☐ Addition	_
of the corp	ertify that the information supplied wit on this report or supplemental report i oration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that i cowered to execute this report	r the exem ny signat as requi	I IFA CHAIL H	ava tha co	ema local effect on it made und		I am an afficac	ar disastar	_

VD

01/30/2001 Date

Daytime Phone #

SIGNATURE: MICHELLE SUAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR