



FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 23 1997 8:00am Secretary of State	
DOCUMENT # P36746 (6)					
1. Corporation Name WORLD COURIER METRO SERVICES, INC.					
Principal Place of Business 7270 NW 12TH ST STE 100 MIAMI FL 33126 US		Mailing Address 137-42 GUY R BREWER BLVD. JAMAICA NY 11434-3734			
2. Principal Place of Business 21 1901 NW 82nd Ave 22 Suite Apt. # etc. 23 City & State Miami FL 24 Zip 33126 25 Country US		2a. Mailing Address 26 1313 Fourth Ave 27 Suite, Apt. #, etc. 28 City & State New Hyde Park NY 29 Zip 11040 30 Country US		3. Date Incorporated or Qualified 12/19/1991 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0299257 5. Certificate of Status Desired [X] \$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 [X] No	
9. Name and Address of Current Registered Agent BRYCE, RICHARD % WORLD COURIER METRO SERVICES INC 7270 NW 12TH ST MIAMI FL 33126				10. Name and Address of New Registered Agent WORLD COURIER METRO SERVICES INC 1901 NW 82nd Avenue Miami FL 33126	
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 Signature (Type or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE P 1.2 NAME MARCINO, PETER M. 1.3 STREET ADDRESS 66 BELLMORE AVE. 1.4 CITY-ST-ZIP POINT LOOKOUT NY 1.5 TITLE S 1.6 NAME ZALLER, MARC 1.7 STREET ADDRESS 137-42 GUY R BREWER BLVD 1.8 CITY-ST-ZIP JAMAICA NY 1.9 TITLE CD 1.10 NAME BERGER, JAMES R. 1.11 STREET ADDRESS 46 SOUTHFIELD AVE., BL 3 1.12 CITY-ST-ZIP STAMFORD CT 1.13 TITLE D 1.14 NAME HEYLAND, WAYNE B. W. 1.15 STREET ADDRESS 46 SOUTHFIELD AVE., BL 3 1.16 CITY-ST-ZIP STAMFORD CT 1.17 TITLE D 1.18 NAME BERGER, FRANCES 1.19 STREET ADDRESS 46 SOUTHFIELD AVE., BL 3 1.20 CITY-ST-ZIP STAMFORD CT			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P 1.2 NAME marc zaller 1.3 STREET ADDRESS 1313 Fourth Ave 1.4 CITY-ST-ZIP New Hyde Park NY 11040 2.1 TITLE S 2.2 NAME maureen daly 2.3 STREET ADDRESS 1313 Fourth Ave 2.4 CITY-ST-ZIP New Hyde Park NY 11040 3.1 TITLE [ ] Change [ ] Addition 3.2 NAME [ ] Change [ ] Addition 3.3 STREET ADDRESS [ ] Change [ ] Addition 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE [ ] Change [ ] Addition 4.2 NAME [ ] Change [ ] Addition 4.3 STREET ADDRESS [ ] Change [ ] Addition 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE [ ] Change [ ] Addition 5.2 NAME [ ] Change [ ] Addition 5.3 STREET ADDRESS [ ] Change [ ] Addition 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE [ ] Change [ ] Addition 6.2 NAME [ ] Change [ ] Addition 6.3 STREET ADDRESS [ ] Change [ ] Addition 6.4 CITY-ST-ZIP [ ] Change [ ] Addition		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maureen Daly Maureen Daly 4/15/97 (516) 354-2600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					