## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P93000032378 (0)

AAA & L. INTERNATIONAL COURIER, INC.

442 E 52ND ST 442 EAST 52ND ST HIALEAH FL 33013 HIALEAH FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/30/1993 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0412270 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z\Phi$ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PUPO, ANGEL 442 EAST 52ND ST Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 84 City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ☐ Addition 1.1 TITLE TITLE NAME PUPO, ANGEL 1.2 NAME **CR2E034** 442 EAST 33RD STREET STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME R 2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 64 CITY-ST-ZIP 14. Thereby 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 atylichment with an address.

ANGEL PUPO