SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ,ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name P930000000002 (C	DOCUMENT #	P93000085852	(0)
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AMERICAN COURIER WORLDWIDE SERVICES, INC.

Mailing Address Principal Place of Business 7370 N.W. 36TH STREET P.O. BOX 523218 15015 S.W. 52 LANE 319-J MIAMI FL 33152-3218 3a. Date of Last Report MIAMI FL 33166 3. Date Incorporated or Qualified US 12/15/1993 05/01/1995 4. FEI Number Applied For Maiting Address 2. Principal Place of Business P.O. BOX Not Applicable 65-0476142 7263 \$8.75 Additional Suite, Apt #, etc 523218 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State FL ŦL Added to Fees Trust Fund Contribution MIDMI MIDMI 8. This corporation has liability for intangible tax under s. 199 032, 33152 Country Country 3 Yes No 3126 US Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARCIA. ESMERALDA Street Address (P.O. Box Number is Not Acceptable) 13535 S.W. 59TH TERRACE MIAM FL 33183 83 85 Zip Code 84 City 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. (i)v.f (NOTE Registered Agost signature registed when ourstaking) Signature, typed an printed han clot registered agent and other happlication ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) OFFICERS AND DIRECTORS 13. 12 Addition DELETE 1 LITTLE TITLE CR2E034 1.2 NAM3 NAME CALDERON, LUIS Y 15015 S.W. 52ND LANE 1.3 STREET ADDRESS STREET ADDRESS 1.4 GHTY - \$1 - ZIP MIAMI FL CITY-ST-ZIP Change Addition DELFTE 2 1 TITLE TITLE 2 2 NAME CUADROS, ZEDNIA V NAME 2.3 STREET ADDRESS STREET ADDRESS 15015 S.W. 52ND LANE 2 4 CHY - ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition DELETE 31 THUE TITLE 3 2 NAME CALDERON, CORAL M NAME 3.3 STREET ADORESS 15015 S.W. 52 LANE STREET ADDRESS 3.4 CITY-ST-ZIP MIAM! FL CITY-ST-ZIP Change Addition DELETE TIFLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP 3000019194939ings | Addition -08/13/96--01012--015 DELETE 5 1 TITLE TITLE 5.2 NAME NAME ***200.00 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - S1 - ZIP CITY - ST - ZIP Change Addition DELETE € 1 TITLE TITLE 62 NAME

6.3 STREET ADDRESS

14. I do 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)(6). 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 12 or Chapter 617.

SIGNATURE:

NAME

STREET ADDRESS

LUIS COLDERON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PIZES I DENT

that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address