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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1998 8:00am

Secretary of State

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9300085852 (0)

AMERICAN COURIER WORLDWIDE SERVICES, INC.

Principal Place of Business Mailing Address				- I 100/1001 110 10/00 11/11 00/11 03/11 10/	, AL BOLDE (1919) 1919) 1919 1919 1919 1919 1919 1919 1919 1919 1919 1919 1919 1919
1450 NW 78TH AVE		P.O. BOX 523218	P.O. BOX 523218		
MIAMI FL 33126		MIAMI FL 33126		OO NOT WOITE IN THE PRIOR	
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				12/15/1993	
2. Principal Place of Business		2s. Mailing Address		4. FEI Number	Applied For
21		26		65-0476142	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Z ip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has pai Personal Property Tax due June	
<u> </u>	9. Name and Address of Cur		30	10. Name and Address of New Reg	
GA	RCIA, ESMERALDA		81 Name		
	35 S.W. 59TH TERRACE		B2 Street Addr	ress (P.O. Box Number is Not Acceptable	(a)
	MI FL 33183		DZ Sileer Addi	ess (i .O. Box Humber is Not Acceptable	
			83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	1502 and 607 1508. Florida Statu	ites, the above-named corr	poration submits this statement for the pr	urnose 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
•	ist ignitidal with, and accept the ob	ilganona di, secilori dor .doda, in	ionda Giajdies.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NO	TE: Registered Agent signature requir		DATE
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DEL ete	1.1 TITLE		Change Addition
NAME	CALDERON, LUIS Y		1.2 NAME		
STREET ADDRESS	15015 S.W. 52ND LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY - ST - ZIP		Oberes Daddista
TITLE	CUADROS, ZEDNIA V	Γ΄ νειειε	2.1 THILE		Change Addition
NAME CTREET ADDRESS	15015 S.W. 52ND LANE		2.2 NAME		
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ST	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	CALDERON, CORAL M		3.2 NAME		
STREET ADDRESS	15015 S.W. 52 LANE	•	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-SY-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP	<u></u>	Change
TITLE		L] DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME OTDEET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		ſ
STREET ADDRESS					
CITY-ST-ZIP	enify that the information supplied	with this filing does not qualify f	6.4 CITY-ST-ZIP 1	Section 119.07(3)(i), Florida Statutes. I f	urther 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 chapped or on an effective of with 30.2 directors.					
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