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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400020405 (4)

FILED Apr 23 1997 8:00am Secretary of State

Principal Place of B. 9555 NW 94-37* SUITE 9 AMANU FL 90199	Ja Courier, INC.	Mailing Address 6536 NW 64TH 67				
US		US		3. Date Incorporated or Qualified 03/16/1994	3a, Date of La 07/02/19	
2. Principal Place o	_	26. Mailing Address	W IA3 CT	4, FEI Number 65-0474374		Applied For
21 9022 Suite, Apt #, etc.	- ا	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.	Not Applicable 75 Additional
22	7209	27 # 2	209		Fe	e Required
City & Spite 23 MIPIN	II EL	City & State 28	FL	Election Campaign Financing Trust Fund Contribution		.00 May Be
Zqr	Country	Zip	Country	8. This corporation has liability for in	ntangible tax unc	
24 33186		29 33186	30 USA		Yes No	
	Name and Address of Current H, FERNANDO	Hegistered Agent	81 Name	10. Name and Address of New Ret	gistered Agent	
8550 NW MIAMI FL	04 STREET 33166		82 Street Addi 1022 83	ress (P.O. Box Number is Not Acceptab	lor l	Zip Code
			MIA	M/	FL °°	33186
11. Pursuant to the office of registe agent. Lam fan SIGNATURE	red agent, or both, in the State cultur with, and seed at the obligation transfer position agent to be supported to the control of the state of the	of Florida. Such change was ions of, Section 607.0505, F and title II applicable (NO	authorized by the corporal lorida Statutes. ITE Registered Agent agnature requi		ot the appointmen	nt as registered
12. 101.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
	HEUCH, FERNANDO	□ been			• •	
	10-98 STREET SUITE 3		1.3 STREET ADDRESS	90225W 1230 MIAMI, FL 3	T	209
1			1.4 CITY-ST-ZIP	Minus FL 3	>18/	
City SI-ZIP BA	y hardor island fl 3 315	•	1.4 (0171 - 01 - 27)	WITT MI	210B	
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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 of Lam 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 or all alcohment with an address.

SIGNATURE:

0227663