

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035139 (2)

1. Corporation Name

ADELITA ENVIOS USA, INC.

Principal Place of Business

2699 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

2699 BISCAYNE BLVD.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

4. FEI Number

65-0488639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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 ☐ No

9. Name and Address of Current Registered Agent

ALCANTARA, ADELA
425 N.E. 27TH ST.
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of President or principal officer of corporation or registered agent and for each director

Signature of Registered Agent (any other person must also be registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ALCANTARA, ADELA
STREET ADDRESS	425 N.E. 27TH ST.
CITY, ST, ZIP	MIAMI FL 33137
TITLE	SVD
NAME	ALCANTARA, ACEVES
STREET ADDRESS	425 N.E. 27TH ST.
CITY, ST, ZIP	MIAMI FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 119.01(2)(b), 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 this 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, upon an attachment with an address.

SIGNATURE:

Adela Alcantara
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

4-19-95

636-4001