

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. WILSON
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P94000039115 (8)

1. Corporation Name

ADVANCE COURIER SERVICES INC.

**APPROVED
AND
FILED**
55 MAY 10 AM 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

**13822 KENDALE LAKES DRIVE
MIAMI FL 33183**

2a. Mailing Address

**13822 KENDALE LAKES DRIVE
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FCI Number

65-0494518

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 § 199.03,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LAMAS, SUSANA
13822 KENDALE LAKES DRIVE
MIAMI FL 33183**

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 199.03 and 199.04, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in a registered report or both in the State of Florida. Such change was authorized by the corporation's board of directors. Officers accept the appointment as registered report. I am familiar with and accept the provisions of Sections 199.03 and 199.04, Florida Statutes.

SIGNATURE

By: _____

By: _____

By: _____

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. NAME D LAMAS, SUSANA 2. STREET ADDRESS 13822 KENDALE LAKES DRIVE 3. CITY, STATE, ZIP MIAMI FL 33183
4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP
13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP
16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP
19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP
22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
5. NAME ☐ Change ☐ Addition
6. NAME ☐ Change ☐ Addition
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16. NAME ☐ Change ☐ Addition
17. NAME ☐ Change ☐ Addition
18. NAME ☐ Change ☐ Addition
19. NAME ☐ Change ☐ Addition
20. NAME ☐ Change ☐ Addition
21. NAME ☐ Change ☐ Addition
22. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemptions stated in Sections 199.03(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made by the officer that I am acting in place of or for of the corporation or the officer or director or shareholder to make this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or on an affidavit with an address.

SIGNATURE: *

SUSANA LAMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

05/03/95
Date

(205) 300-7245
Telephone No.