

FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000039115 (8)

1. Corporation Name

ADVANCE COURIER SERVICES INC.

Principal Place of Business

15012 SW 80 TERRACE  
SUITE U-806  
MIAMI FL 33193  
US

Mailing Address

P.O. BOX 831206  
33283 FL 33283-1206  
US



2. Principal Place of Business	2a. Mailing Address
21 4080 SW 84 AVE.	26 P.O. BOX 831206
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE C	27 33283 FL 33283-1206
City & State	City & State
23 MIAMI, FL.	28 US
Zip	Country
24 33155	25 U.S.A.
	29
	30

3. Date Incorporated or Qualified	3a. Date of Last Report
05/24/1994	04/19/1996
4. FEI Number	Applied For
65-0494518	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	LAMAS, RAFAEL R.
82 Street Address (P.O. Box Number is Not Acceptable)	14203 SW 66 St. Apt. 108-B
83	
84 City	Miami
85 Zip Code	FL 33183

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-97

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LAMAS, SUSANA
STREET ADDRESS	13822 KENDALE LAKES DRIVE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	M
NAME	LAMAS, RAFAEL R
STREET ADDRESS	15021 SW 80 TER
CITY-ST-ZIP	MIAMI FL 33183
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	
11 TITLE	P
12 NAME	LAMAS, RAFAEL R.
13 STREET ADDRESS	14203 SW 66 St. Apt. 108-B
14 CITY-ST-ZIP	Miami, FL 33183
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-97 606-3136

0257268

CR2E034 (9/96)