

~~FILE NOW: FILING FEE AFTER MAY 1ST IS \$150.00~~

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUL 12 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 794000039115
1. Corporation Name
ADVANCED COURIER SERVICES INC

Principal Place of Business Mailing Address
400 S.W. 107th Ave Suite 400
Miami FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>400 SW 107th Ave</u> Suite, Apt. #, etc. 22 <u>Suite 400</u> City & State 23 <u>Miami FL</u> Zip 24 <u>33174</u> Country 25 <u>US</u>	2a. Mailing Address 26 <u>Same</u> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number <u>05-0494518</u> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <u>Lamas, Susana</u> <u>14203 SW 66th Street Apt 203-D</u> <u>Miami FL 33183</u>	10. Name and Address of New Registered Agent 81 Name <u>Rafael R. Lamas</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>14203 SW 66th St Apt 108A</u> 83 84 City <u>Miami</u> FL 85 Zip Code <u>33183</u>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Rafael R. Lamas

DATE 7/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Lamas, Susana</u> <u>14203 SW 66th Street Apt 203-D</u> <u>Miami FL 33183</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<u>President</u> <u>Rafael R. Lamas</u> <u>14203 SW 66th Street Apt 203-D</u> <u>Miami FL 33183</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<u>000002939140-6</u> <u>-07/22/99-01091-013</u> <u>*****61.25 *****61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Rafael R. Lamas Pres. 7/9/99 (705) 228-4444
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)