

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:10

DOCUMENT # **P94000042234 (2)**

1. Corporation Name

**OPUS COURRIER EXPRESS INC.**

Principal Place of Business

1001 S. BAYSHORE DR., SUITE 2104  
MIAMI FL 33131

Mailing Address

1001 S. BAYSHORE DR., SUITE 2104  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/07/1994</b>  | 3a. Date of Last Report               |
| 4. FEI Number<br><b>65-0496111</b>  | Applied For<br>Net Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input checked="" type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 <b>21</b>                   | 26 <b>26</b>        |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22 <b>22</b>                   | 27 <b>27</b>        |
| City & State                   | City & State        |
| 23 <b>23</b>                   | 28 <b>28</b>        |
| Zip                            | Country             |
| 24 <b>24</b>                   | 25 <b>25</b>        |
| 29 <b>29</b>                   | 30 <b>30</b>        |

|   |  |   |                                  |             |
|---|--|---|----------------------------------|-------------|
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent          |                                  |             |
| <b>LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED</b><br><b>343 ALMERIA AVENUE</b><br><b>CORAL GABLES FL 33134</b> |  | 81 Name   | <b>FREDDY MULLER</b>             |             |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) | <b>1001 South Bayshore Drive</b> |             |
|   |  | 83  | <b>Suite 2104</b>                |             |
|   |  | 84 City   | <b>MIAMI</b>                     | 85 Zip Code |

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 **FREDDY MULLER** DATE **JANUARY 23, 1995**

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>P</b>                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MULLER, FREDDY E</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>15190 OLD CUTLER ROAD</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33158</b>        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 2.2 NAME  |   |
| STREET ADDRESS             |                              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 3.2 NAME  |   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 6.4 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 110.07(3)(d), 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 resolver 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 applicable, or on an attachment with an address.

SIGNATURE: **FREDDY MULLER** DATE **JANUARY 23, 1995** (305) 358-6624