

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000073155 (1)

1. Corporation Name

ULTIMATE MESSENGER SERVICE CORP.

Principal Place of Business

Mailing Address

3960 N.W. 6TH ST.
MIAMI FL 33126

3960 N.W. 6TH ST.
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

22		27	
	City & State		City & State

Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
09/30/1994

3a. Date of Last Report
12/29/1995

4. FBI Number	Applied For
65-0524283	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution **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

10. Name and Address of New Registered Agent

GARCELL, JOSE
3960 N.W. 6TH ST.
MIAMI FL 33126

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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
12 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
13 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jose Garcel Jose Garcel (President) 04-29-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restate of) DATE:

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating plan.)

DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE	1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCELL, JOSE		2 NAME		
STREET ADDRESS	3960 NW 6TH ST.		3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		4 CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ, JORGE		2.2 NAME	
STREET ADDRESS	330 SW 119TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184		2.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400001836144
CITY - ST - ZIP		4.4 CITY - ST - ZIP	-05/23/96--01011--040

TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	***208.75	<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	<input type="checkbox"/> DELETE	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 119.07(3)(k), 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: Jose Garcell Jose Garcell 04-29-96 (305) 649-5997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date and Phone #

CR2E034 (12/95)