

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000003121 (7)**

1. Corporation Name
DIRECT PARCEL SERVICE, CORP.



Principal Place of Business 8381 N.W. 66TH ST. MIAMI FL 33166	Mailing Address 8381 N.W. 66TH ST. MIAMI FL 33166-2626
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3. Date Incorporated or Qualified 01/09/1995	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21 8209 NW 68ST. Suite, Apt. #, etc.	2a. Mailing Address 26 8209 NW 68ST Suite, Apt. #, etc.
22 City & State 23 MIAMI, FLORIDA Zip 24 33166	27 City & State 28 MIAMI, FLORIDA Zip 29 33166
Country 25 DADE	Country 30 DADE

4. FEI Number 65-0573757	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARCIA, CARLOS 975 NW 106 AVE CIR MIAMI FL 33172		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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 *[Signature]* **CARLOS GARCIA** **3-4-97**
(Signature of person named as registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPRIANO, ALI C	1.2 NAME	
STREET ADDRESS	8381 N.W. 66TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33166	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CARLOS	2.2 NAME	
STREET ADDRESS	975 NW 106 AVE CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33172	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAGROS GARCIA, DIRECTOR	3.2 NAME	
STREET ADDRESS	975 NW 106 AVE CIR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33172	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	4.2 NAME	
STREET ADDRESS	ALEJANDRO ALVAREZ	4.3 STREET ADDRESS	
CITY - ST - ZIP	8209 NW 68 STREET	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 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]* **CARLOS GARCIA** **3-4-97** **305-477-4752**
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)