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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000036275 (2)

1. Corporation Name

FAST MAIL COURIER CORP.



Principal Place of Business

Mailing Address

9711 FOUNTAINBLEAU BLVD  
APT 507  
MIAMI FL 33172-4081  
US

9711 FOUNTAINBLEAU BLVD  
APT 507  
MIAMI FL 33172-4089  
US

3. Date Incorporated or Qualified

05/09/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 2031 N.W. 79th AVE

2a. Mailing Address

26 2031 N.W. 79th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL.

Zip

24 33122

Country

25 U.S.A

Zip

29 33122

Country

30 U.S.A

9. Name and Address of Current Registered Agent

LEIRAS, JAVIER  
9711 FOUNTAINBLEAU BLVD APT 507  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

LEIRAS, JAVIER

82 Street Address (P.O. Box Number is Not Acceptable)

2031 N.W. 79th AVENUE

83

84 City

MIAMI,

FL

85 Zip Code

33122

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME LEIRAS, JAVIER  
STREET ADDRESS 9711 FOUNTAIN BLEAU BLVD APT 507  
CITY-ST-ZIP MIAMI FL 33172-4081

TITLE VD ☒ DELETE

NAME ~~BORGES, LAURA~~  
STREET ADDRESS ~~9711 FOUNTAINBLEAU BLVD APT 507~~  
CITY-ST-ZIP ~~MIAMI FL 33172-4081~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME LEIRAS, JAVIER  
1.3 STREET ADDRESS 2031 N.W. 79th AVENUE  
1.4 CITY-ST-ZIP MIAMI, FL. 33122

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-97 (305) 586-6879

Date Daytime Phone #

CR2E034 (9/96)