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**Mar 19 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 # P95000039013 (4)

1. Corporation Name
FRIENDLY COURIER CORPORATION



2. Principal Place of Business
**13108 S.W. 128TH STREET
MIAMI FL 33186**

Mailing Address
**11343 N.W. 3RD TERRACE
MIAMI FL 33172-3530**

3. Date Incorporated or Qualified **05/16/1995** 3a. Date of Last Report **03/14/1996**

21. Principal Place of Business
9505 SW 166 AVE
State, Apt. #, etc.

26. Mailing Address
9505 SW 166 AVE
State, Apt. #, etc.

4. FEI Number **65-0581163** Applied For
Not Applicable

22. City & State
MIAMI FL

27. City & State
MIAMI FL

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

23. Zip **33196** Country **DADE**

28. Zip **33196** Country **DADE**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. 8. Name and Address of Current Registered Agent

29. 10. Name and Address of New Registered Agent

**VITA, BARBARA
11343 N.W. 3RD TERRACE
MIAMI FL 33172**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 a natural person and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VITA, JOSE	
STREET ADDRESS	11343 N.W. 3RD TERRACE	
CITY, ST, ZIP	MIAMI FL 33172	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	VITA, BARBARA	
STREET ADDRESS	11343 N.W. 3RD TERRACE	
CITY, ST, ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Change of address - see above
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jose Vita** **JOSE VITA** 3/10/97 305-231-8776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Home Phone #)

CR2E034 (9/96)