

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra C. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058264 (9)

1. Corporation Name

HALLEY EXPRESS COURIER, INC.



Principal Place of Business

Mailing Address

151 MAJORCA AVE. SUITE C
CORAL GABLES FL 33134

151 MAJORCA AVE. SUITE C
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 15628 SW. 16th St.

22 City & State

27 City & State

23 Zip Country

28 Hollywood
29 33027 30 USA

3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
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

81 Name

JOEL SANDERS

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

15628 SW 16th STREET

83

84 City

HOLLYWOOD

85 Zip Code

FL 33027

11. Pursuant to the provisions of Section 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and line if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTS BORGES ACLEBIO R.

STREET ADDRESS 151 MAJORCA AVE. SUITE C

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME CD BORGES ACLEBIO R.

STREET ADDRESS 151 MAJORCA AVE. SUITE C

CITY-ST-ZIP CORAL GABLES FL 33134

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

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

BORGES, ACLEBIO R.

8314 NW 14 STREET

MIAMI - FL - 33126

☒ Change ☐ Addition

BORGES, ACLEBIO

8314 NW 14 STREET

MIAMI - FL 33126

☐ Change ☐ Addition

☐ Change ☐ Addition

200001839332

-05/24/96--01110--001

***200.00

☐ Change ☐ Addition

5-1-96
12

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)