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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000075088 (1)**

1. Corporation Name

**PRONTO EXPRESS COURIER SYSTEMS, CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 20451 N.W. 2ND AVENUE<br>SUITE 102<br>MIAMI FL 33169 | 20451 N.W. 2ND AVENUE<br>SUITE 102<br>MIAMI FL 33169 |

3. Date Incorporated or Qualified: 09/28/1995

3a. Date of Last Report:

4. FEI Number: 65-0631403 ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

**DIAZ, OTTO**
**20451 N.W. 2ND AVENUE**
**SUITE 102**
**MIAMI FL 33169**

**10. Name and Address of New Registered Agent**

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 Section 607.0502 and 607.1502, 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DIAZ, OTTO<br>20451 N.W. 2ND AVENUE SUITE 102<br>MIAMI FL 33169 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Otto Diaz<br>20451 NW 2nd Ave #102<br>Miami Fla 33169 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Arleen Diaz<br>20451 NW 2nd Ave #102<br>Miami Fla 33169 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not entail, for the exemptions 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

DATE _____ Daytime Phone # _____

CR2E034 (12/95)