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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

DOCUMENT # P9600002430 (2)

C.C.S. COURIER CARGO SERVICE, INC.

5581 NW 72NI MIAMI FL 3311			SS81 NW 72ND AVENUE MIAMI FL 33166-4251						
							3. Date Incorporated or Qualified 01/09/1996	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address			4. F.I. Number	·] · · · ·	Applied For	
21		26	26			65-063493	3'7	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				60 75	Additional
22			27	[27]			5. Certificate of Status Desired	1 1	Required
City & State			City &	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23			28	28			Trust Fund Contribution Added to Fees		
Zip		Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24	25			29 30			Florida Statutes		
9. Name and Address of Current Registered Agent						T	10. Name and Address of New Re	istered Agent	
RIOS, ELSA 81 Name									
10001 0.W=00TH STREET #216 - 1800 W, 49 H CT 82 Street Address (P.O. Box Number is Not Acceptable)									
MAM 71-83176 - 1:65									
			J. 170 . 1		83				**
ł			Histeri	1,TL 33	C12 84	City			
						1			o Code
11. Pursuant	to the provisions	of Sections 607.05	02 and 607, 1508	, Florida Statuto:	s, the abov	e-named co	orporation submits this statement for the p	urpose of changing	its registered
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 TISE LIGE 4/29197									
Oldititione.	Signature, typed or pro-	led name of registered as		le (NOIE:	~	iont signature rec	quired wher rainstaing)	DATE	ſ
12.	4.74	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
TITLE	PVST			DELETE	1.1 THE	ļ		☐ Change	Addition
NAME	WEVER, BER				1.2 NAME]			
STREET ADDRESS	5581 NW 721				1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	MIAMI FL 33	166			1.4 CHY-	S1 - ZIP			
TITLE	D			DELFTE	2.1 TALE			Change	Addition
NAME	WEVER, BER				2.2 NAME				
STREET ADDRESS	5581 NW 72					1 ADDRESS			
CITY-ST-ZIP	MIAMI FL 331	166			2.4 CHY-	S1-2IP			
TITLE	1.1			DELETE	3.1 TITLE			Change	Addition
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREE	T ADDRESS			
CITY-ST-ZIP					3.4. CITY -	S1 - ZIP			1
TITLE				DELETE	4.1 TITLE			Change	Addition
NAME					4.2 NAME				
STREET ADDRESS					4 3 STREE	ADDRESS			
CITY-ST-ZIP					4.4 CiTY-1	ST-7IP			ļ
TITLE				DELETE	5.1 TITLE			Change	Addition
NAME					5.2 NAME				1
STREET ADDRESS					5.3 \$1RF61	I ADDRESS			
CITY-ST-ZIP					5.4 CITY - S				
TITLE				☐ DELETE	6.1 TITLE			Change	Addition
NAME		•			6.2 NAME				
STREET ADDRESS	•					ADDRESS			
	10 A				0.0 CHILL				

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 the changed, or on an attachment with an address.