

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 25 1997 8:00am  
Secretary of State

DOCUMENT # **P96000003117 (4)**

1. Corporation Name

**DROP EXPRESS COURIER, INC.**



Principal Place of Business

**5050 C NW 74TH AVENUE  
MIAMI FL 33166**

Mailing Address

**5050 C NW 74TH AVENUE  
MIAMI FL 33166-5516**

2. Principal Place of Business

21 **5060 N.W. 74TH AVE.**

Suite Apt. #, etc.

22

City & State

23 **MIAMI, FLORIDA**

Zip

24 **33166**

Country

25 **U.S.A.**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**01/10/1996**

3a. Date of Last Report

4. FEI Number

**65-0632513**

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

**PALACIO, MIGUEL  
5050 C N.W. 74TH AVENUE  
MIAMI FL 33166**

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 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 subject to printed name of registered agent and this, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD  
PALACIO, MIGUEL  
1337 WEST 49TH PLACE  
HIALEAH FL 33012**

☐ DELETE

TITLE

**TD  
RAMON, GUILLERMO  
9911 W. HEATHER LANE  
MIRAMAR FL 33025**

☐ DELETE

TITLE

**SD  
POLO, ARIEL E  
7995 WEST 30TH COURT  
HIALEAH FL 33016**

☒ DELETE

TITLE

**TD  
RAMON, GUILLERMO  
9911 W. HEATHER LANE  
MIRAMAR FL 33025**

☐ DELETE

TITLE

**TD  
RAMON, GUILLERMO  
9911 W. HEATHER LANE  
MIRAMAR FL 33025**

☐ DELETE

TITLE

**TD  
RAMON, GUILLERMO  
9911 W. HEATHER LANE  
MIRAMAR FL 33025**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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: **X** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/97 (305) 715-7123**

Date

Daytime Phone #

CR2E034 (9/96)