

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
May 13 1997 8:00am
Secretary of State

DOCUMENT # P96000003131 (5)

1. Corporation Name
TOTAL COURRIER SERVICES, INC.



Principal Place of Business

Mailing Address

~~3503 S.W. 24 STREET~~
~~MIAMI FL 33145~~

~~3503 S.W. 24 STREET~~
~~MIAMI FL 33145-8830~~

2. Principal Place of Business

21 1149 S W 27 Ave
Suite, Apt. #, etc.

22 205

23 MIAMI - FL

24 33135 Country DADE

2a. Mailing Address

26 1149 S W 27 Ave
Suite, Apt. #, etc.

27 205

28 MIAMI - FL

29 33135 Country DADE

3. Date Incorporated or Qualified
01/09/1996

3a. Date of Last Report

4. FEI Number
65-0636467

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

~~EGGORGIA, DORIBEL~~
~~3503 S.W. 24 STREET~~
~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent

81 Name
ERWING J. MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable)
1149 S W 27 Ave Suite 205
83
84 City MIAMI FL 85 Zip Code 33135

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME ~~EGGORGIA, DORIBEL~~
STREET ADDRESS ~~3503 S.W. 24 STREET~~
CITY - ST - ZIP ~~MIAMI FL 33145~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 PTD ☐ Change ☒ Addition
1.2 NAME ERWING J. MARTINEZ
1.3 STREET ADDRESS 1149 S W 27 Ave Suite 205
1.4 CITY - ST - ZIP MIAMI - FL 33135

2.1 TITLE TREASURER ☐ Change ☒ Addition
2.2 NAME JOSE R. GARCIA
2.3 STREET ADDRESS 1149 S.W. 27AV. #205
2.4 CITY - ST - ZIP MIAMI FL 33135

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 or changed, or as an attachment with an address.

SIGNATURE:

ERWING J. MARTINEZ PRES 2-17-97

CR2E034 (9/96)