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FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000007053 (7)

1. Corporation Name
MIAMI ON-LINE COURIER SERVICES, INC.



Principal Place of Business

5705 S.W. 6TH STREET
MIAMI FL 33144

Mailing Address

5705 S.W. 6TH STREET
MIAMI FL 33144-3909

3. Date Incorporated or Qualified

01/23/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 Terr.
21 1351 S.W. 6th St.

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33145

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 015307

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33101

Country

30 U.S.A.

4. FEI Number

65-0650254

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

FAJARDO, FRANCISCO R
5705 S.W. 6TH STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

FAJARDO, FRANCISCO R

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

83

84 City

1351 S.W. 21 Terr.

85

miami

FL

Zip Code

33145

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 *Francisco Fajardo*

(NOTE: Registered Agent signature required when reinstating)

4/25/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
FAJARDO, FRANCISCO R
STREET ADDRESS
5705 S.W. 6TH STREET
CITY-ST-ZIP
MIAMI FL 33144

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 ☒ Change ☐ Addition

1.2 NAME
FAJARDO, FRANCISCO R
1.3 STREET ADDRESS
1351 S.W. 21 Terr.
1.4 CITY-ST-ZIP
miami, FL 33145

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE: *Francisco Fajardo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (205) 767-5800
Date Daytime Phone #

CR2E034 (9/96)