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Apr 15 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 # P96000015080 (0)

1. Corporation Name
TRICOUNTY COURIER SERVICE, INC.



Principal Place of Business

14305 SOUTHWEST 57TH LANE, UNIT 1
MIAMI FL 33183

Mailing Address

14305 SOUTHWEST 57TH LANE, UNIT 1
MIAMI FL 33183-1084

3. Date Incorporated or Qualified
02/16/1996

3a. Date of Last Report

2. Principal Place of Business
21 13550 S.W. 88TH ST.

2a. Mailing Address
26 P.O. BOX 651065

4. FEI Number
65-0649125

Applied For
Not Applicable

Suite, Apt. #, etc.
22 140-7

Suite, Apt. #, etc.

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 MIAMI, FLORIDA

City & State
28 MIAMI, FLORIDA

8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 33186

Country
25 U.S.A.

Zip
29 33265-1065

Country
30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
CALZADO, ELSI C
14305 SOUTHWEST 57TH LANE, UNIT 1
MIAMI FL 33183 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TOCCI, TAMMY
14305 SOUTHWEST 57TH LANE, UNIT 1
MIAMI FL 33183 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
V/D
SERGIO E. CALZADO, JR.
7750 S.W. 132 PLACE
MIAMI, FL 33183 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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:

SERGIO E. CALZADO, JR. 4/11/97 (305) 385-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)