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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015080 (0)

TRICOUNTY COURIER SERVICE, INC.

Principal Place of Business Mailing Address 13550 GW 88TH ST P O BOX 651065 MIAMI FL 33265-065 140-7 DO NOT WRITE IN THIS SPACE MIAMI FL 33186 US 3. Date Incorporated or Qualified 02/16/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 8620 N.W. 64 ST. 65-0649125 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (F.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 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 little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition CALZADO, ELSI C NAME 1.2 NAME 14305 SOUTHWEST 57TH LANE, UNIT 1 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE CALZADO, SERGIO E JR NAME 2.2 NAME 7750 SW 132 PLACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 trusted 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-7IP

41 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

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NAME

U.P. | Dirveron 4/23/9 8 (301)591-011

Change

Change

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Addition

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Addition

FILED

May 04 1998 8:00am

Secretary of State