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 # P96000029635 (5)

DOLPHIN COURIER EXPRESS CORP.

FILED May 12 1998 8:00am Secretary of State

| Principal Place of Business | Mailing Address | | | - I LARDINEN 195 COLER RIVIE BRICE BRICE | | 1110 81198 111 | ## ### 10EF | |
|--|---|----------------------------------|------------------|--|--------------------|--------------------|--------------|----|
| 841 EAST 17 STREET | 841 EAST 17 STREET | | | | | | | |
| HIALEAH FL 33010 HIALEAH FL 33010 | | | | DO NOT WRITE | IN THIS SP | ACE | | |
| | | | | 3. Date Incorporated or Qualified | | | | l |
| | | | | 04/04/1996 | | | | |
| 2. Principal Place of Business | 2a, Mailing Address | | | 4. FEI Number | | Ap | plied For | |
| 21 | 26 | | | 65-0727611 | | | t Applicable | |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 A Fee Re | | |
| City & State | City & State | | | 6. Election Campaign Financing | | | | 1 |
| 23 | 28 | | | Trust Fund Contribution | | \$5.00 Added to | | |
| Zip Country | Zφ | Country | | 8. This corporation owes or has pa | id the currer | | | ĺ |
| 24 25 | 29 | 30 | | Personal Property Tax due June | | | No | |
| 9. Name and Address of Curre | nt Registered Agent | 041 11 | | 10. Name and Address of New Re | glatered Ag | <u>ent</u> | | |
| LOPEZ, ORLANDO | | 81 Na | ime | | | | | ĺ |
| 841 EAST 17 STREET | | 82 Str | eet Addre | ss (P.O. Box Number is Not Acceptab | ile) | | | |
| HIALEAH FL 33010 | | 83 | | | | | | 1 |
| | | | | | | | | |
| | | 84 Cit | У | | FL | 85 Zip C | Code | |
| 11. Pursuant to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statut | es, the above-nar | ned corpo | oration submits this statement for the p | | nanging its | s registered | |
| Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig | e of Florida. Such change was a | authorized by the | corporatio | on's board of directors. I hereby accer | ot the appoin | itment as | registered | |
| SIGNATURE | junione of tradition for the contract | Silver States States | | | | | | l |
| Signature, typied or printed name of registered a | | E: Registered Agent sign | nature re:juired | d when reinstating) | DATE | | | < |
| | VD DIRECTORS | 13. | - | ADDITIONS/CHANGES TO OFFIC | | | | ٤ |
| TITLE D | ☐ DELETE | 1.1 TITLE | | | L. |] Change | Addition | 3 |
| NAME LOPEZ, ORLANDO STREET ADDRESS 841 EAST 17 STREET | | 1.2 NAME | | | | | | Š |
| I HALFALL FL 00040 | | 1.3 STREET ADDR | 4 | | | | | ğ |
| TITLE HIALEAH FL 33010 | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | | | Change | Addition | 18 |
| NAME | | 2.2 NAME | | | | , | | ĺ |
| STREET ADDRESS | | 2 3 STREET ADDR | ess | 41- | i. | | | 1 |
| CITY-ST-ZIP | | 2 4 CITY-ST-ZIP | | | | | Í | 1 |
| TITLE | DELETE | 3.1 TITLE | | | | Change | ☐ Addition | ĺ |
| NAME | | 3.2 NAME | | | | | | ĺ |
| STREET ADDRESS | | 3.3 STREET ADDR | ESS | | | | | |
| CITY-\$T-ZIP | — — — — — — — — — — — — — — — — — — — | 3.4. CITY-ST-ZIP | <u> </u> | | | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | | | L |] Change | Addition | ĺ |
| NAME | | 4. 2 NAME | | | | | ļ | ı |
| STREET ADDRESS | | 4.3 STREET ADDR | ESS | | | | | |
| CRY-ST-ZIP TITLE | ☐ DELETE | 4.4 CITY - ST - 2IP 5.1 TITLE | | | | Change | Addition | |
| NAME | | 5.2 NAME | Ĭ | | _ | , | | ĺ |
| STREET ADDRESS | | 5.3 STREET ADDR | ESS | | | | İ | l |
| CITY-ST-ZIP | | 5.4 CITY - ST - ZIP | | | | | | l |
| TITLE | DELETE | 6.1 TITLE | | | L | Change | Addition | |
| NAME | | 6.2 NAME | , | | | | | ŀ |
| STREET ADDRESS | | 6.3 STREET ADDRI | ESS | | | | | ĺ |
| CITY-ST-ZIP | | 6.4 CITY - S1 - ZIP | | | | | | |
| . المسال من المساور و المساور | بركان الأزام بيم المرب بيسيان بمسائل استطاف الدني | | adada at in C | Tables 440 07/0/// Florida Chabatan I | أنأه ممسم والمرباة | | i-4 | |

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 informatio 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 changer, or on an attachment with an address.