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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000037706 (4)

FASTPACK CORPORATION

Principal Plac	e of Business	Mailing Address			DOGOD 1551) (EDI) LOGIL BOILD GIGI (EDI
13289 SW 124 ST.		13289 SW 124 ST.		ļ	
MIAMI FL 3318	16	MIAMI FL 33186-6437			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				05/01/1996	05/01/96
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	(Applied For
21		26		65-0664141	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commedic of digital Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	Trust Fund Contribution	
24	25	29	[30]	8. This corporation has liability for it florida Statutes	ntangible tax under s. 199.032,] Yes - [X] No
57	9. Name and Address of Curren		1301	10. Name and Address of New Reg	
GE	MMELL, LILA C		B1 Name	NAUADDETE MAUDICI	O 4
13289 SW 124 ST.			NAVARRETE, MAURICIO A.		
MIAMI FL 33186			Street Address (P.O. Box Number is Not Acceptable)		
			83		7-11-11-11-11-11-11-11-11-11-11-11-11-11
			04		1-17 0-4
				MIAMI	FL 85 33186
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	les, the above-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was attons of, Section 607,0505. Fi	authorized by the corpora orida Statutes.	tion's board of directors, I hereby accep	I the appointment as registered
SIGNATURE	Moning - 1	MAUF	RICIO A. NAV	ARRETE DT	04/25/1997
SIGNATURE	Signature, typed or printed name of registered age		It Registored Agont signature requi		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	☐ DELETE	1.1 1)TLE		☐ Change ☐ Addition
NAME	NAVARRETE, JOSE O		1.2 NAME		
STREET ADDRESS	13289 SW 124 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	Locutar	1.4 CITY - \$1 - ZIP		
TITLE	DT NAVADDETE MALIDICIO A	☐ DELETE	2.1 TITLE		L Change L Addition
NAME	NAVARRETE, MAURICIO A 13289 SW 124 ST.		2.2 NAME		
STREET ADDRESS	MIAMI FL 33188		2.3 STREET ADDRESS		
CITY-ST-ZIP	DV DV	DELETE	2.4 CITY - ST - ZIP		
TITLE	ARLEGUI, JOSE I	L.J. DELETE	3.1 TOTLE		Change Addition
NAME	13289 SW 124 ST.		3 2 NAME		
STREET ADDRESS	MIAMI FL 33186		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DS DS	X DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	GEMMELL, LILA C	MT pretit	4.F TIPLE 4.2 NAME		E change E Adolfoli
STREET ADDRESS	13289 SW 124 ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1 i		
TITLE	1110 HILL 1 D. V. 1 4 5	DELETE	4.4 C(1Y-S1-ZIP 5.1 TITLE		Change Addition
NAME		And which	5.2 NAME		En one igo En Audulon
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS		. 1	6.3 STREET AUDRESS		
CITY-ST-ZIP		(6.4 City - \$1 - ZiP		
14. I do heret	by certify that the information sumplied	with this illing does not quali	ify for the exemption states	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informatio	n indicated on this annual report or s fficer or director of the corporation or	upplemental annual report is t	true and accurate and that vered to execute this repo	t my signature shall have the same legal rt as required by Chapter 607, Florida S	l effect as if made under eath; that
appears i	n Block 12 or Block 13 if changed or	du in at achment with an add	dress.	at squite of confuter por reported of	assetted, as to make my marine

04/25/1997 (305)233-9699

FILED

May 13 1997 8:00am

Secretary of State