

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

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97 JUL -7 PM 1:23

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000045093 (7)**  
1. Corporation Name  
**RAUL EXPRESS DELIVERY SERVICE INC.**



Principal Place of Business Mailing Address  
**2082 W 84TH TERRACE HIALEAH GARDENS FL 33016** **2082 W 84TH TERRACE HIALEAH GARDENS FL 33016-2082**

3. Date Incorporated or Qualified **05/20/1996** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>14825 SW 176<sup>th</sup> TERRACE</b>		27 <b>14825 SW 176<sup>th</sup> TERRACE</b>		65-0679591		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State <b>MIAMI FL</b>		28 City & State <b>MIAMI FL</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip <b>33187-1793</b> 25 Country <b>DADE</b>		29 Zip <b>33187-1793</b> 30 Country <b>DADE</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>REYES, RAUL</b>				81 Name			
<b>2082 W 84TH TERRACE</b>				82 Street Address (P.O. Box Number is Not Acceptable)			
<b>HIALEAH GARDENS FL 33016</b>				83			
				84 City			
				85 Zip Code <b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>REYES, RAUL</b>			12 NAME			
STREET ADDRESS	<b>2082 W 84TH TERRACE</b>			13 STREET ADDRESS			
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33016</b>			14 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)