AMENDED

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT 20 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000046787

1. Corporation Name
I.M.S. COURIERS EXPRESS LINK, INC.

Principal Place of Business
4543 NW 9TH AVE
FT. LAUDERDALE
FL 33309

Mailing Address
4543 NW 9TH AVE
FT. LAUDERDALE
FL 33309

3. Date Incorporated or Qualified: 05/28/96
3a. Date of Last Report: 05/02/97

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0683406 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TAYLOR, COLIN
4543 NW 9TH AVENUE
FT. LAUDERDALE, FL 33309

10. Name and Address of New Registered Agent
81 Name: LINDA KENDAL
82 Street Address (P.O. Box Number is Not Acceptable): 604 NW 57 AVENUE
83
84 City: MIAMI FL
85 Zip Code: 33126

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] 10-10-97
Signature, typed or printed name, of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/T	☒ DELETE
NAME	MARMOLEJOS, RAPHAEL	
STREET ADDRESS	6541 NW 87 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	KENDAL, LINDA	
1.3 STREET ADDRESS	604 NW 57 AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
2.1 TITLE	T	☒ Change ☐ Addition
2.2 NAME	KENDAL, BRYAN	
2.3 STREET ADDRESS	604 NW 57 AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	600002327066--7	
3.3 STREET ADDRESS	-10/22/97--01087--001	
3.4 CITY-ST-ZIP	*****61.25 *****61.25	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 [signature] LINDA KENDAL 10/10/97 (305) 265-0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #