

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

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

DOCUMENT # P96000050072 (3)

DEADLINE MESSENGER SERVICE, INC.

Principal Place of Business

5419 NW 74 AVE  
MIAMI FL 33166  
US

Mailing Address

5419 NW 74 AVE  
MIAMI FL 33166  
US

Principal Place of Business

21 7318 N.W. 46 St  
Suite, Apt. #, etc.

Mailing Address

26 P.O. Box 650944  
Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33166

Country

25 USA

Zip

29 33265-0944

Country

30 USA

Name and Address of Current Registered Agent

ALVAREZ, AMADO A  
7000 SW 97TH AVE, SUITE 209  
MIAMI FL 33165

5. Date Incorporated or Qualified

06/10/1996

6. FEI Number

65-0676586

Applied For  
Not Applicable

7. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

8. Election Campaign Financing...  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE CB  
NAME CASTRO, GRACIELA  
STREET ADDRESS 5419 NW 74 AVE  
CITY-STATE-ZIP MIAMI FL

TITLE VP  
NAME CASTRO, ORESTES  
STREET ADDRESS 5419 NW 74 AVE  
CITY-STATE-ZIP MIAMI FL

TITLE P  
NAME FREIXAS, HECTOR  
STREET ADDRESS 5419 NW 74 AVE  
CITY-STATE-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

Change Addition

500002706965--2  
-12/09/98--01032--007

\*\*\*\*150.00 \*\*\*\*150.00  
Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0234604

4-10-98 (305) 888-3577



6/2

10-18-1998

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FL. 32399

REF: UNCOLLECTED CHECK  
ANNUAL REPORT

TO WHOM IT MAY CONCERN:

IT HAS BEEN BROUGHT TO OUR ATTENTION BY OUR ACCOUNTING DEPT  
THAT YOU HAVE A CHECK # 1909 WHICH HAS NOT YET BEEN CASHED.

WE CONTACTED YOUR OFFICE AND WE HAVE ALSO BEEN INFORMED  
THAT OUR CORPORATION HAS BEEN INVOLUNTARY DISSOLVED.

WE WERE ASKED TO ENCLOSE A COPY OF THE ANNUAL REPORT, A COPY  
OF OUR CK# 1909 AND A NEW CHECK IN THE AMOUNT OF \$150.00 TO  
REPLACE THE LOST CHECK.

WE APPRECIATE YOUR ATTENTION IN THIS MATTER.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT (305) 888-3577.

RESPECTFULLY,

GRACIELA CASTRO