## 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

POCUMENT # P96000050616 (7)

**DOMINICAN PARCEL SERVICES INC.** 

Principal Place of Business Mailing Address 6969 NW 82 AVE 6969 NW 82 AVE MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0702236 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HIDALGO, VICTOR 229 NW 101 AVE 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes SIGNATURE Signature, typod or printed name of registered agent and the if applicable (NOTE: Hog stored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change 1.1 DILE Addition MERETE, JORGE M NAME 1.2 NAME 6969 NW 82 AVE STREET ADDRESS 13 STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP 1.4 C(TY - ST - 7)P DELETE TITLE 2.1 TIFLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-ZIE ☐ DE LETE TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - \$1 - ZIP DILETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STRELT ADDRESS

14. 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 information indicated on this annual report or supplemental annual report is the and accurate and that hy signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee emplowered to excute 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.

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 6.4 City - S1 - Zip

61 TITLE

6 2 NAME

DELETE

ATUBE: TORGE MEDITE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change Addition

**FILED** 

Feb 16 1998 8:00am

Secretary of State