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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **POCUMENT # P96000052464 (0)**

PRIORITY ONE INTERNATIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

7201 MIAMI LAKEWAY SOUTH

7201 MIAMI LAKEWAY SOUTH

## **FILED** Apr 25 1997 8:00am Secretary of State



MIAMI LAKES FL 33014		MIAMI LAKES FL 33014-2603				
					3. Date Incorporated or Qualified 06/19/1996	3a. Date of Last Report
	ace of Business	2a. Mailing Address	170		4. FEI Number	Applied For
21 7090	<del>``````````</del>	26 70°10 NW	1 14 5	<b>ST</b>	65-06/4323	Not Applicable
Sulte, Apt	105	Suite. Apt. #, etc. 27 # 105			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	MI LAKES FL	City & State 28 MIAMI LAI	KES	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 <b>3301</b> .	5 25 U.S.A.	29 330 15 30	Country	5 A -		Yes 🔀 No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	Jistered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134						
			82 Street Address (P.O. Box Number is Not Acceptable)			
·	VIL GABLES FL 33134		83			
			84	Dity		<b>85</b> Z⊕ Code
			1 1	-	poration submits this statement for the p	FL
SIGNATURE	Signature: type i or panted native of registered agent	rans e l'applicable (NOTE F	logislered Agent		ion's board of directors. Thereby accepted when reinstating	DATE
12.	OFFICERS AND		13.	100	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD MAGALLY C	LL DELLTE	1.1 TITLE		TO	Change Addition
NAME	SALAZAR, MAGALLY G 7201 MIAMI LAKEWAY SOUTH		1.2 NAME	MIA	6AUY 6. SALAZAR 090 NW 179 ST #105	
STREET ADDRESS	MIAMI LAKES FL 33014		13 SIREET AC 1.4 City-St-		JAMI LAKES FL 330	15
CITY-ST-ZIP TITLE	WINDOWN ENGED TE GOOTT	DELETE	21 HILE	(h. (4)	117/11/1 41765 70 000	Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AC	idress		
CITY-ST-ZIP			2. 4 CITY - ST-	ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	-		
STREET ADDRESS			3.3 STREET AL	ł		
CITY-ST-ZIP TITLE		DELETE	3.4 CHY-ST-7IP 4.1 TOLE			Change Addition
NAME			4. 2 NAME			C viange C vianies
STREET ADDRESS			4.3 STREET A	ORESS		
CITY-ST-ZIP			4.4 C(1Y+S1+	Z(P		
TITLE		☐ DELETE	5.1 THEE			Change Addition
NAME 1			5.2 NAME			
NAME			5.3 STREET AL	ingree		
STREET ADDRESS			J.a ameet Ri	101000		
STREET ADDRESS CITY-ST-ZIP			5.4 DITY - ST -			Observe Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE		DELETE	5.4 CITY - ST - 6.1 TITLE			Change Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		☐ DELETE	5.4 CITY - ST - 6.1 TITLE 6.2 NAME	ZIP		Change Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE		[] DELETE	5.4 CITY - ST - 6.1 TITLE	ZIP DDRESS		Change Addition

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 or 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.