## 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

## DOCUMENT # P9600056927 (2)

EXCEL COURIER SERVICES, INC.

Principal Place of Business

941 NW 45TH COURTFORT LAUDERDALE FL 2000

Mailing Address

941 NW 45TH COURT-

FORT LAUDERDALE FL 23309-3866

## FILED Mar 03 1997 8:00am Secretary of State



PURI-BROOKING	MCC 71 00003	100000000000000000000000000000000000000	N. A. S.					
					3. Date Incorporated or Qualified 07/08/1996	3a. Date of La	st Report	
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 412 1	N. ANDREWS A				65-0679660		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			ست ر		5. Certificate of Status Desired		5 Additional Required	
City & State City & State			W/ C		6. Election Campaign Financing		00 May Be	
23 F7. LA	LAUD, FL 28				Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Country	/	8. This corporation has liability for			
24 33	30 9 25 USA	29	0			Yes No		
	9. Name and Address of Curr	10. Name and Address of New Registered Agent						
DE L	EMOS, ROBERTO		81	Name				
PATTHEOURT 2216 CYPRESS BEND DR.				82 Street Address (P.O. Box Number is Not Acceptable)				
1-003	P	ompano Beach, FC 33069	83					
ı		33064	84	City		B 85	Zip Code	
• • • • • • • • • • • • • • • • • • • •		1007 4664 51 11 10		L		FL   "		
office or re	eaistered agent, or both, in the Sta	502 and 607, 1508, Florida Statutes ite of Florida. Such change was au ligations of Section 607,0505, Flori	thorized b	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appointmen	ig its registered t as registered	
SIGNATURE	Eignature, typed or profed name of registered	agont and title if applicable (NOTE:	Registered Ag	ent signature req	ulred when re-instating)	DATE		
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	TORS IN 12	
TILLE	PTD	DELETE	1.1 TITLE			Char	ge	
NAME	de Lemos, Roberto		1.2 NAME					
SUREET ADDRESS	2216 CYPRESS BEND DRIV		1.3 STREE	ADDRESS				
CHY-SU-20F	POMPANO BEACH FL 3306	9	1.4 CiTY-:	ST-ZIP			j	
TITLE	VSD DELETE		2 1 TITLE			☐ Char	ige 🔲 Addition	
NAME	COSTA, JOSE		22 NAME					
STREET ADDRESS	941 NW 45TH COURT		2 3 STREET ADDRESS		•			
CITY - \$1 - 20F	FORT LAUDERDALE FL 33309		2 4 CITY-ST-ZIP					
THEF	DELETE		3 1 TITLE			☐ Char	ige 🔲 Addition	
NAME			32 NAME				·	
STREET AUDRESS			3 3 STREE	ADDRESS				
CHTY-ST-ZIP			34. CITY-	ST-ZIP				
1-1LF		☐ DELETE	4.1 TITLE	1		☐ Char	nge 🔲 Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-78			4.4 CITY-	ST-ZIP				
TiTLE		DELETE	5 1 TITLE			☐ Char	nge 🔲 Addition	
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY ST-ZIP			5.4 CITY~	ST-ZIP			<u>.                                    </u>	
THUE		DELETE	6.1 TITLE			Char	ige Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADORESS				
CHTY+ST+ZIP			6.4 CITY-					
	ov cert by that the information supp	lied with this filing does not qualify			ed in Section 119.07(3)(i), Florida Statute	s. I further certify	that the	

4. To necessy cert by that the information supplied with this tring does not quality for the exemption stated in Section 118.07(3)(1), Florida Statutes. Fluther certify that the information indicated on this 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 complication 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.25,97

954.5638020