

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90215 015 ***150.00

DOCUMENT # P96000056927

1. Corporation Name

EXCEL COURIER SERVICES, INC.

Principal Place of Business

4121 N ANDREWS AVE
FORT LAUDERDALE FL 33309
US

Mailing Address

4121 N ANDREWS AVE.
941 NW 45TH COURT
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1996

4. FEI Number

65-0679660

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LEMOS, ROBERTO

~~2216 CYPRESS BEND DR~~

~~APT 405 BLDG 14~~

~~33069 NO BCH FL 33309~~

8040 HAMPTON BLVD. APT 410
NORTH LAUDERDALE, FL
33068

81 Name

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

83

84 City

FL

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. 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DE LEMOS, ROBERTO

STREET ADDRESS ~~2216 CYPRESS BEND DRIVE NO. APT 405 BLDG 14~~

CITY-ST-ZIP ~~POMPANO BEACH FL 33069~~

TITLE ☐ DELETE

NAME VSD COSTA, JOSE

STREET ADDRESS 941 NW 45TH COURT

CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME ~~PTD~~ DE LEMOS, ROBERTO

STREET ADDRESS 8040 HAMPTON BLVD. APT. 410

CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE COSTA

2/24/99

Date

954-563-8020

Daytime Phone #

CR2E034 (11/98)