

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 16, 1999 8:00 am
Secretary of State

03-16-1999 90146 021 ***158.75

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1. Corporation Name

CORREOS EXPRESO PALMIRA INTERNATIONAL CORPORATIO
N

Principal Place of Business

1315 S.W. 92 COURT
MIAMI FL 33174

Mailing Address

1315 S.W. 92 COURT
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

65-0683589

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 7066 N.W. 77 Court

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 15300 S.W. 43 Court

Suite, Apt. #, etc.

27

City & State

28 Miramar FL

Zip

29 33027

Country

30 USA

9. Name and Address of Current Registered Agent

ARANGO, ARIOLFO
8410 WEST FLAGLER STREET
SUITE 208
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

Mario Garcia

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

7066 N.W. 77 Court

83

84 City Miami

FL

85 Zip Code 33166

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

3/11/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JARAMILLO, ALEJANDRA
STREET ADDRESS 1315 S.W. 92 COURT
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME ARANGO, ARIOLFO
STREET ADDRESS 8410 WEST FLAGLER ST., SUITE 208
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME JARAMILLO, JAVIER
STREET ADDRESS 1315 S.W. 92 COURT
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/99

Date

Daytime Phone #

CR2E034 (1/98)

0274767