## 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

## DOCUMENT # P97000007676 (4)

**ALEXANDER COURIER SERVICE INC.** 

Principal Place of Business Mailing Address 11860 SW 210 ST. MIAMI FL 33177 11860 SW 210 ST. MIAMI FL 33177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1997 2. Principal Place of Business 20. Mailing Address 21 26 Suite, Apt. #, etc. Suite. Apt. #. etc 5. Certificate of Status Desired 22 27 City & State City & State

Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORONADO, RAMONA 7360 CORAL WAY STE. 21 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees

Yes

□ No

FILED

May 12 1998 8:00am

Secretary of State

84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE CARBALLO, LUCIA NAME 1.2 NAME CR2E034 11860 SW 210 ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITL€ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61TITLE MAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 official statutes in the florida Statutes and that my name appears in Block 12 or Block 13 if pagodd, or on an attachment with an address.

SIGNATURE:

A