E NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062392

1. Corporation Name
Neighborhood Messenger Services, Inc.

Principal Place of Business
745 SW 98 CT
Miami, Fl 33174

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1997

2. Principal Place of Business
21 Miami, Fl 745 SW 98 CT
22 Suite, Apt. #, etc.
23 City & State Miami, Fl
24 Zip 33144 25 Country US

2a. Mailing Address
26 745 SW 98 CT
27 Suite, Apt. #, etc.
28 City & State Miami, Fl
29 Zip 33174 30 Country US

4. FEI Number ☑ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No ☑

9. Name and Address of Current Registered Agent
Juan M Galvan
745 SW 98 CT
Miami, Fl 33174

10. Name and Address of New Registered Agent
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 _____ DATE
Signature of new registered agent required when reinstating (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President/ Treasurer	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Juan M Galvan		1.2 NAME		
STREET ADDRESS	745 SW 98 CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl 33174		1.4 CITY-ST-ZIP		
TITLE	Vice President/ Secretary	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Miguel A Galvan		2.2 NAME		
STREET ADDRESS	745 SW 98 CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl 33174		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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CR2E034 (10/97)

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 report or supplemental attachment 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 added above.

SIGNATURE: _____ 5/28/98 305-223-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #