


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

FILED

Jul 06 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000065463 (6) 1. Corporation Name FIRST CLASS COURIER CORP.					
Principal Place of Business 7884 N.W. 64TH STREET MIAMI FL 33166			Mailing Address 7884 N.W. 64TH STREET MIAMI FL 33166		
2. Principal Place of Business 21 837 S.W. 10 STREET Suite, Apt. #, etc. 22 City & State 23 FLORIDA CITY FL Zip 24 33034		2a. Mailing Address 26 837 S.W. 10 Street Suite, Apt. #, etc. 27 City & State 28 Florida City FL Zip 29 33034		3. Date Incorporated or Qualified 07/29/1997 4. FEI Number 65-0772634 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CASAMAYOR, CESAR J 7884 N.W. 64TH STREET MIAMI FL 33166			10. Name and Address of New Registered Agent 81 Name MARIO JESUS FELIZOLA 82 Street Address (P.O. Box Number is Not Acceptable) 837 S.W. 10 STREET 83 84 City FLORIDA CITY FL 85 Zip Code 33034		
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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE <i>Mario Jesus Felizola</i> MARIO JESUS FELIZOLA 06/23/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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		

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.

SIGNATURE *Mario J. Felizola* **MARIO J. FELIZOLA** PRESIDENT 04/27/98 (305) 248-4358

CR2E034 (10/97)

25
7.6

300002581463
-07/07/98--01051--027
***150.00