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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093315

1. Corporation Name

AERO EXPRESS COURIERS CORP.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90153 089 ***150.00 04-14-1999 90153 090 *****8.75



| · ! | · | | | | | | | | |
|---|--|---|---|--|---|---|-----------------------------|--|---------|
| Principal Place of Business | | Mailing Address | | | | | | | |
| 1601 N.E. 51ST STREET | | 1601 N.E. 51ST STREET | | | | | | | - |
| FT LAUDERDALE FL 33334 | | FT LAUDERDALE FL 33334 | | | | DO NOT WRITE IN THIS SPACE | | | |
| 1 | , | | | | | 3. Date Incorporated or Qualifed | SFACE | | i |
| | • | | | | | 10/30/1997 | | | |
| 6 Duin single Di | loss of Business | 2a, Mailing Address | | | | 4. FEI Number | T An | plied For | ! |
| · · | lace of Business | <u> </u> | | | | 65-0792279 | <u> </u> | t Applicable | |
| 21 Suite Ant | # atc | Suite, Apt. #, etc. | | | _ | | \$8.75 | | |
| Suite, Apt. #, etc. | | 27 | | | | 5. Certificate of Status Desired | _ Fee.Re | | |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | | |
| Zip | Country | Zip | Cou | untry | _ | 8. This corporation owes the current year In | tangible | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | Yes | No | |
| | 9. Name and Address of Currer | | | | | 10. Name and Address of New Registered | Agent | | |
| | | | | 81 | Name | | | | |
| BRUGUERA, HAMLET | | | | 82 | Street Add | ess (P.O. Box Number is Not Acceptable) | | _ | |
| 1601 N.E. 51ST STREET | | | | | 0410017100 | | | | |
| FT L | AUDERDALE FL 33334 | | | 83 | | | | | |
| | | | | 84 | City | , | 85 Zip (| Code | |
| { | | | | 1 | - | FL | - | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Stat | utes, the a | above- | named corp | poration submits this statement for the purpose of on's board of directors. I hereby accept the appo | changing its | registered | |
| office or n | egistered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was itions of, Section 607.0505, F | lorida Stati | u by ir tutes. | ne corporati | lors board of directors. Thereby accept the appo | manon as re | giotorou | |
| | | | | | | | | | |
| • | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | | TE: Registered | | signature require | ed when reinstating) DATE | | | 180 |
| • | Signature, typed or printed name of registered age | ID DIRECTORS | TE: Registered | d Agent s | signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI | | | 1/08) |
| SIGNATURE | Signature, typed or printed name of registered age OFFICERS AN | | TE: Registered | d Agent s | signature require | | ND DIRECTO | ORS IN 12 | (11/98) |
| SIGNATURE | Signature, typed or printed name of registered age OFFICERS AN D BRUGUERA, HAMLET | ID DIRECTORS | TE: Registered 13. 1,1 T/ 1.2 N/ | d Agent s ITLE IAME | | | | | 34 (11 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered age OFFICERS AN D BRUGUERA, HAMLET 1601 N.E. 51ST STREET | ID DIRECTORS | TE: Registered 13. 1,1 T/ 1.2 N/ | d Agent s ITLE IAME | signature require | | | | 4 (11 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN D BRUGUERA, HAMLET | ID DIRECTORS | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI | d Agent s ITLE IAME ITREET A | ADORESS | | Change | ☐ Addition | 34 (11 |
| SIGNATURE 12. TITLE NAME STREET ADORESS | Signature, typed or printed name of registered age OFFICERS AN D BRUGUERA, HAMLET 1601 N.E. 51ST STREET | ID DIRECTORS | 13. 1.1 T/ 1.2 N/ 1.3 S/ 1.4 C/ 2.1 T/ | d Agent s ITLE IAME ITREET A ITY-ST- | ADORESS | | | | 34 (11 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN D BRUGUERA, HAMLET 1601 N.E. 51ST STREET | ID DIRECTORS | 13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/ 2.1 T/ 2.2 N/ | d Agent s ITLE IAME ITREET A ITTY-ST- ITLE IAME | ADDRESS .ZIP | | Change | ☐ Addition | 34 (11 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age OFFICERS AN D BRUGUERA, HAMLET 1601 N.E. 51ST STREET FT LAUDERDALE FL 33334 | ID DIRECTORS | 13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST | ITLE ITREET A CITY-ST- ITLE IAME | ADDRESSZIP | | Change | ☐ Addition | 34 (11 |
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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 REQUIRED