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**

DOCUMENT # P97000099740

| 1. Corporation | | | | | | | | | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------|----------------|---------------|---------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|------------------|--|
| P.V. EXP | RESS COURIER, INC. | | | | | E 1887(88) DER 1890 ERRIE 6809 8830 | 88 111 88 16 8 1 8 14 1 8 151 | 18311 BIB! | | |
| | | | | | | | | | | |
| Principal Place | of Rusiness | Mailing Address | | | ↑ | | | | | |
| 15500 S.W. BOTH STREET 15500 S.W. BOTH STREET | | | | | - | | | | | |
| #208 #208 | | | | | 1 | | | | | |
| MIAMI FL 33193 MIAMI FL 33193 | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | Date Incorporated or Qualifed | | | | |
| | | | | | | 11/24/1997 | | T A = 10- | d For | |
| | lace of Business | 2a. Mailing Address | | ^ | 1 | FEI Number | i i | Applie | pplicable | |
| 21 1 0 4 9 1 SW 2 1 6 St # 1 1 0 26 1 0 4 9 1 SW 2 1 6 Suite, Apt. #, etc | | | E #11 | 0 | | 65-0799565 | ₹8 · | 75 Add | | |
| 110 | | | | | 5 c | Certificate of Status Destred | | e Requi | | |
| 22 110 27 110 City & State City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| | ni florida | 28 MIAMI FLORIDA | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | Zip | Country | | 8. | This corporation owes the currer | nt year Intangible | | | |
| | | |] | | | Personal Property Tax. | | | | |
| 24 33190 25 29 33190 30 9. Name and Address of Current Registered Agent | | | | | 10. | Name and Address of New Re | gistered Agent | | | |
| | | | | Name | | | | | | |
| LAW FIRM ON MANFRED ROSENOW, P.A. | | | | Street Ar | ddress (P. | O. Box Number is Not Acceptable | le) | | | |
| 15500 S.W. 80TH STREET | | | 82 | | | | | | | |
| #208 | | | 83 | | | | | | - | |
| MIAMI FL 33193 | | | 84 | City | | | 85 | Zip Cod | le | |
| | | | 1 1 | • | | | FL | | | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | of Florida. Such change was auth | onzed by I | tne comoor | orporation ation's boa | submits this statement for the pa ard of directors. I hereby accept | urpose of changing the appointment: | ig its reg as regist | gistered ered | |
| agent. I a | m familiar with, and accept the obligat | ions of, Section 607.0505, Florida | Statutes. | | | | | | 1 | |
| SIGNATURE | | ADTE: Do | sistered Acces | eiopatura rag | uired when rei | netation) | DATE | | | |
| 12. | Signature, typed or printed name of registered agent OFFICERS ANI | | 13. | agnatoro roq | | DDITIONS/CHANGES TO OFFI | | CTORS | IN 12 | |
| TITLE | PD / | ☐ DELETE | 1.1 TITLE | | PD | | Cha | | ☐ Addition | |
| NAME | VELEZ, PAUL | | 1.2 NAME | | | , PAUL | | | . | |
| STREET ADDRESS | | | 1.3 STREET | | 10491 Sw 216 St # 110 | | | | | |
| CITY-ST-ZIP | | | | | | FL 33190 | | | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | | | ☐ Cha | ınge | ☐ Addition | |
| NAME | UPEGUI, M ONIG A | | 2.2 NAME | | SD | | | | | |
| STREET ADDRESS | 15500 S.W. 80TH-STREET # 20 |) 8 | 2.3 STREET | | | I, MONIKA | | | | |
| CITY-ST-ZIP | MIAMI-FL 33193 | म ६ अन्तर ६ ६ | 2.4 CITY-S | | | SW 216-St #110 | · · · · · · · · · · · · · · · · · · · | - | <u> </u> | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | MIAMI | FL 33190 | Cha | inge | ☐ Addition | |
| NAME | , | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4, CITY-S | T-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Cha | ange | Addition | |
| NAME | • | | 4. 2 NAME | | | | | | } | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | | . | |
| CITY-\$T-ZIP | | —————————————————————————————————————— | 4.4 CITY-ST | -ZIP | | | E1 01 | | [Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | • | Cha | лige | Addition | |
| NAME | | | 5.2 NAME | 4000000 | | | | | [| |
| STREET ADDRESS | | | 5.3 STREET | | | | | | - | |
| CITY-ST-ZIP | | □ DELE TE | 5.4 CITY-ST | -ZIP | | | ☐ Cha | ange | Addition | |
| TITLE | | ☐ DELETE | 6.2 NAME | | | • | | m/go | ا المسامد ال | |
| NAME | į. | | OVE I MANAGE | | | | | | 1 | |

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90206 037 ***150.00