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

**PROFIT** 'CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## Mar 01, 1999 8:00 am Secretary of State

	1999	DIVISION OF C	ORPORATIONS	03-01-1999 90212	016 ***150.00
<ol> <li>Corporation</li> </ol>	MENT # P98000 COURIER CORP.	001198			
- WAGO					
Principal Place	e of Business	Mailing Address		I 1981) DOL 118 1813 78(11 8911 8311) DOLL SA	
852 SW 127TH	PLACE	852 SW 127TH PLACE			
MIAMI FL 33184		MIAM1 FL 33184		DO MOT IMPITE IN TH	UD ODAOF
				DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IISISPACE
				01/06/1998	
2 Principal Pl	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
31 22	5 N/1/ 22 Ct	26 235 NW	32 Ct	1 65-0804623	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- Contiferate of Chatter Position	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	in Fl	City & State	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 <b>           </b>	Country	Zip	Country	8. This corporation owes the current year	<del></del>
zip. 33 i	$\frac{25}{25}$ /1/4	29 33/25	30 LLS≠	Personal Property Tax.	Yes 🗌 No
7.11	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
			81 Name		
CORRECHET, CONSUELO I			ddress (P.O. Box Number is Not Acceptable)		
852 SW 127TH PLACE					
MIAN	/II FL 33184		83		
			84 City		85 Zip Code
				F	
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					
	Signature, typed or printed name of registered ager		Registered Agent signature red	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12. TITLE	PSTD OFFICERS AN	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	CORRECHET, CONSUELO I		1.2 NAME		
STREET ADDRESS	852 SW 127TH PLACE		1.3 STREET ADDRESS	235 NW 32 C+ Migm: FL 33125	
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY-ST-ZIP	Miam: FC 3312-5	
TITLE	MIN 11 E 00 10 1	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		1
STREET ADDRESS			23 STREET ADDRESS		1
CITY-ST-ZIP			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			34. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		C peress	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	. 5.1 TITLE . 5.2 NAME	,	☐ Change ☐ Addition
NAME			5.3 STREET ADDRESS	-	.==1
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	1		0.7 OH 1 - 0   - 2H		

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition