


FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90011 026 ***150.00

PROFESSIONAL CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 980000 377 67 JOL 1. Corporation Name FALCON COURIER SERVICE INC			
Principal Place of Business C/O		Mailing Address SOUTH BROWARD ACCOUNTING SERVICE, INC. 7777 N. DAVIE ROAD EXT., SUITE 102B HOLLYWOOD, FL 33024	
2. Principal Place of Business 21 451 NW PLAZA Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES Zip 24 FL Country 25 USA		2a. Mailing Address 26 SOUTH BROWARD ACCOUNTING SERVICE, INC. Suite, Apt. #, etc. 27 7777 N. DAVIE ROAD EXT., SUITE 102B City 28 HOLLYWOOD, FL 33024 Zip 29 33024 Country 30 FLORIDA	
9. Name and Address of Current Registered Agent ROSS TRAGER 1000 N HIATUS RD PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent 81 Name MARIA E CARD 82 Street Address (P.O. Box Number is Not Acceptable) C/O SOUTH BROWARD ACCOUNTING SERVICE, INC. 7777 N. DAVIE ROAD EXT., SUITE 102B HOLLYWOOD, FL 33024 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 [Signature] DATE 6-10-99 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESIDENT MARIA E CARD 451 NW 100 PLACE PEMBROKE PINES FL 33024	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARNOLD GOMEZ 1000 N HIATUS RD PEMBROKE PINES FL 33024	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 **954 450 4625**
Date Daytime Phone #

CR2E034 (11/98)