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 # P98000099173

1. Corporation Name

WORLD PARCEL EXPRESS SERVICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 520158	P.O. BOX 520158
MIAMI FL 33152	MIAMI FL 33152

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90133 043 ***150.00



11/25/1998

2. Prin	cipal Place of Business	Place of Business Za. Mailing Address			* FEINUMBER OF UPO	Ap	plied For	
21		26			650886409	No	ot Applicable	
Suit	e, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22 City	& State	City & State	<i></i>		6. Election Campaign Financing	\$5.00	May Bo	•
23	a State	28			Trust Fund Contribution	Added t		
Zip	Country	Zip	Country		8. This corporation owes the current year I	ntangible		
24	24 25 29 30				Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent		
	VARGAS, JAIME		81	Name				
15996 S.W. 109TH ST.				Street Addr	ress (P.O. Box Number is Not Acceptable)			
Į	MIAMI FL 33192		83					
1			84	City	E	85 Zip (Code	
					F			
11. Pu	rsuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ontment as re	registered distered	
ag	ent. I am familiar with, add accept the oblig	ations of, Section 607.0505, Florida	a Statutes	,	on's board of directors. I hereby accept the app	100	3	
SIGNA		fine Vorgo			4/30	1711		
SIGNA		ent and title if applicable. (NOTE: Re	gistered Ager	it signature require	d when reinstating) DATE	/		8
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS/			9
TITLE	D	☐ DELETE	1.1 TITLE		,	Change	☐ Addition	È
NAME	AMADOR, JUAN		1.2 NAME					8
STREET A	DDRESS 12501 PINE NEEDLE LN		1.3 STREET	ADDRESS			Í	8
CITY-ST-	MANAGE CONTROL		1.4 CITY-S	T-ZIP				CR2E034 (11/98)
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	O
NAME	VARGAS, JAIME		2.2 NAME	1			l	i
STREET A	DDRESS 15996 S.W. 109TH ST.		2.3 STREE	ADDRESS			ļ	ì
CITY-ST-	zip MIAMI FL 33192		2. 4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE_ `_	.3.1.TTLE			Change	Addition	ii
NAME	GONZALEZ, IVAN F		3.2 NAME					ii
STREET A	DDRESS 15996 S.W. 109TH ST.		3.3 STREE	ADDRESS			1	i
CITY-ST-	ZIP MIAMI FL 33192		3.4. CITY-5	T-ZIP				ii
TITLE		☐ DELETE	4.1 TITLE			☐) Change	☐ Addition	1
NAME			4. 2 NAME					ì
STREETA	DORESS		4.3 STREE	FADDRESS				ii
CITY-ST-	ZIP		4.4 CITY-S	T-ZIP				i
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	i
NAME	\ \		5.2 NAME				ļ	,
STREET	ADDRESS		5.3 STREE	TADDRESS			i	i
CITY-ST-	ZIP		5.4 CITY-S	T-ZIP				ii
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	i
NAME			6.2 NAME					i
STREET	ADDRESS			TADDRESS			•	l
CITY-ST-	ZIP (6.4 CITY-S	T-ZIP				ı

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 supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oatly, that I am an officer or director of the corporation or the receiver or sustee 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, of or an attachment with an articless, with all other like empowered.

SIGNATURE: