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

FILED PROFIT Feb 10 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) **BULLET COURIER SERVICE, INC.** Principal Place of Business Mailing Address 2009 NW 79TH AVENUE 2009 NW 79TH AVENUE MIAMI FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 10/01/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0232946 Not Applicable 21 26 Suite, Apt #, etc Suito, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zιρ Country 8. This corporation owes or has paid the current year intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BETANCOURT, MAGALY 8260 S.W. 11TH TERR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** 83 Zip Code 84 City 85 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. Fam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE Change BETANCOURT, PEDRO 1.2 NAME NAME 8260 S.W. 11TH TERR 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CHY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2 1 TITLE TITLE BETANCOURT, MAGALY 2.2 NAME NAME 8260 S.W. 11TH TERR 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIF Change ☐ Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF

SIGNATURE

TITE F

NAME STREET ADDRESS

CITY-ST-7IF

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 City-St-7iP

4. Thereby 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 pranged, or on an attraction of the accuracy of the corporation of the accuracy of the accura

Change

Addition