

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36002** (1)

1. Corporation Name

ACTION MESSENGER SERVICE, INC.



Principal Place of Business

**1130 SW 131 PLACE
MIAMI FL 33184**

Mailing Address

**1130 SW 131 PLACE
MIAMI FL 33184**

3. Date Incorporated or Qualified
03/01/1991

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21 **611 NW 82 AVENUE**

2a. Mailing Address

26 **611 NW 82 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **309**

27 **309**

City & State

City & State

23 **MIAMI Florida**

28 **MIAMI Florida**

Zip

Zip

Country

Country

24 **33126**

25 **USA**

29 **33126**

30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ALMANZAR, AMADO
1130 SW 131 PLACE
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
ALMANZAR, AMADO**
STREET ADDRESS **1130 SW 131 PLACE**
CITY, ST, ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD
ALMANZAR, RAMON J.**
STREET ADDRESS **1130 SW 131 PLACE**
CITY, ST, ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **VD
IRRIZARRY, FRANCISCO**
STREET ADDRESS **1130 SW 131 PLACE**
CITY, ST, ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **STD
PEREZ, MARIA C.**
STREET ADDRESS **1130 SW 131 PLACE**
CITY, ST, ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Amado Almanzar PD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-96 305-266-3922

Date

Daytime Phone #

CR2E034 (12/95)