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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	1 <u>9</u> 98	DIVISION OF C	DIVISION OF CORPORATIONS							
\··-·	MENT # S775 NATIONAL PARCEL EXPR	` '								
Principal Place	e of Business	Maifing Address					T LUMPITURIN OLY ARRAY SOURT MASON MASON STORY MASON	II OTOM KIRAL OM	ili Bibli 1861	
5177 NW 74TI	H ÁVE.	5177 NW 74TH AVE.				Į				
MIAMI FL 331 US	66	MIAMI FL 33166	MIAMI FL 33166 US				DO NOT WRITE IN THIS SPACE			
U0		US				r	3. Date Incorporated or Qualified			
						Ì	09/03/1991		1	
	lace of Business	28. Mailing Address		-			4. FEI Number	A	pplied For	
21	# at-	26					65-0286119		ol Applicable	
Suite, Apt.	#, ⊌ IC.	Suite, Apl. #, etc.					5. Certificate of Status Desired		Additional equired	
City & State		City & State					6. Election Campaign Financing		May Be	
23		28					Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry			8. This corporation owes or has paid the cu			
24	25	29	30						_l No	
	9. Name and Address of Cu	irrent Registered Agent		81	Name		10. Name and Address of New Registered	Agent		
	UFMAN, BENILDA 30 NW 54 DORAL TERR		,				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Mi FL 33178		,	82	Street A	.ddres:	s (P.O. Box Number is Not Acceptable)			
1716	WWW.1.C 00110		İ	83				···		
			}	84	City			85 Zip	Code	
					•		F <u>I</u>	_		
• Pursuant (office or re	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508, Florida Sta tute State of Florida. Such chan ge wa s a	es, the ab authorized	oove d by	-named c the corpo	corpora	ation submits this statement for the purpose o's board of directors. I hereby accept the ap	of changing i pointment as	its registered registered	
agent. I ai	m familiar with, and accept the o	bligations of, Section 607.0505, Flo	rida Stati	ules.	•					
SIGNATURE	Signature, typical or printed manic of registere	of agent and title if applicable. (NOTI	Registered	d Agen	it signature re	equired r	when reinstating) DATE	_ -		
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DPST	☐ DELETE	1.1 70					Change	☐ Addition	
NAME	KAUFMAN, BENILDA			NAME						
STREET ADDRESS	9460 NW 54 DORAL TERI MIAMI FL	1			ADDRESS				Į.	
CITY-\$T-ZIP TITLE	MIAMIT L	DELETE	1.4 CI		- ZIP			Change	. Addition	
NAME			2,2 NA							
STREET ADDRESS			2 3 ST	REET A	ADDRESS					
CITY-ST-ZIP			2, 4 CI	ITY-SI	T-ZIP					
TITLE		☐ DELFTE	3 1 111	TLE	1			Change	Addition	
NAME			3.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3,4. CI 4,1 TIT		I-ZIP			Change	Addition	
NAME			4 2 N/		Ì					
STREET ADDRESS			4		ADDRESS					
CITY-ST-ZIP			4.4 CIT	1Y-\$T	- ZIP					
TITLE	-	DELETE.	5.1 TiT		$\overline{}$			Change	Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS				ļ	
CITY-ST-ZIP TITLE		DELETE	5.4 CIT		· ZIP			Change	Addition	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS				1	
CITY-ST-ZIP	%		6.4 CIT	IY-SI	- ZIP					
14. I hereby c	ertify that the information supplie	ed with this filing does not qualify fo	r the exe	mpti	ion stated	I in Se	ction 119.07(3)(i), Florida Statutes. I further o	ertify 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 on 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 chargest, or on an attachment with a address