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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90194 042 ***158.75

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78389

1. Corporation Name
FAST DISPATCH, INC.

Principal Place of Business

**8000 NW 14TH ST.
MIAMI FL 33126
US**

Mailing Address

**PO BOX 520643
MIAMI FL 33152-0643
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 18256 N.W. 6 STREET
Suite, Apt. #, etc.

22 City & State

23 PEMBROKE PINES FL

24 Zip

33029

Country

USA

2a. Mailing Address

26 18256 N.W. 6 STREET
Suite, Apt. #, etc.

27 City & State

28 PEMBROKE PINES FL

29 Zip

33029

Country

USA

3. Date Incorporated or Qualified

09/06/1991

4. FEI Number

65-0285623

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**AMORTEGUI, JUAN FERRANDO
4840 NW 70 AVE
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

JAIRO AMORTEGUI

82 Street Address (P.O. Box Number is Not Acceptable)
18256 N.W. 6 STREET

83

84 City

PEMBROKE PINES

85

Zip Code

FL 33029

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]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **AMORTEGUI, JUAN**
STREET ADDRESS **8000 NW 14TH ST.**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DV, P, S, T** ☐ DELETE

NAME **AMORTEGUI, JAIRO**
STREET ADDRESS **8000 NW 14TH ST.**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P, S, T, D

AMORTEGUI, JAIRO

18256 NW. 6 STREET

PEMBROKE PINES FL 33029

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Date

Daytime Phone #

1-854-704-9132

CR2E034 (11/98)