


FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 05 1997 8:00am Secretary of State	
DOCUMENT # S95919 (4)					
1. Corporation Name AL'S COURIER AND SERVICES CORP.					
Principal Place of Business 2401 COLLINS AVE #1509 MIAMI BEACH FL 33140			Mailing Address 2401 COLLINS AVE #1509 MIAMI BEACH FL 33140-4751		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/21/1996	
22 City & State		27 City & State		4. FEI Number 65-0314561	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MIRIAM ALONSO 2401 COLLINS AVE. #1509 MIAMI BEACH FL 33140			10. Name and Address of New Registered Agent		
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.			81 Name		
SIGNATURE			82 Street Address (P.O. Box Number is Not Acceptable)		
Signature typed or printed name of registered agent and title if applicable			83		
(NOTE: Registered Agent signature required when reinstating)			84 City		
DATE			85 Zip Code		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE			1.1 TITLE		
1.2 NAME			1.2 NAME		
1.3 STREET ADDRESS			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP			1.4 CITY-ST-ZIP		
2.1 TITLE			2.1 TITLE		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
3.1 TITLE			3.1 TITLE		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4.1 TITLE			4.1 TITLE		
4.2 NAME			4.2 NAME		
4.3 STREET ADDRESS			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5.1 TITLE			5.1 TITLE		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE			6.1 TITLE		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do 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.			100002170361 -05/08/97--01001--040 ***165.00		
SIGNATURE			4-7-97 6740714		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		