

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

**APPROVED
AND
FILED**

JULY 12 11:10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V09020 (1)

F X COURIER SERVICE, INC.

Principal Place of Business: 440 EAST 28TH STREET HIALEAH FL 4997
Mailng Address: 440 EAST 28TH STREET HIALEAH FL 4997

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-------------------------------------|----|---------------------|----|---|--------------------------------|
| 2. Principal Place of Incorporation | | 28. Mailing Address | | 3. Date Report Subject is Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 01/23/1992 | 03/15/1994 |
| 22. State App # 1st | | 27. State App # 2nd | | 4. FFI Number | Adjusted Fee Not Applicable |
| 22 | | 27 | | 65-0315366 | \$8.75 Additional Fee Required |
| 23. City, State | | 28. City, State | | 5. Certificate of Status (Current) | \$5.00 May Be Added to Fees |
| 23 | | 28 | | | |
| 24 | 25 | 29 | 30 | 8. This corporation has liability for admissible tax under Section 1361(a) (a) Yes (b) No (c) Other | |

| | | | | | |
|--|--|--|--|--|---|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| XIQUES, NIEVES F. 440 EAST 28TH STREET HIALEAH FL 33013 | | | | 81 | Name |
| | | | | 82 | Street Address, P.O. Box Number or Not Applicable |
| | | | | 83 | |
| | | | | 84 | City, State, Zip Code |
| | | | | FL | 85 |

11. I hereby certify that the person or persons named in this report are qualified under Florida Statutes, the rules created by the Commission on the Statutes for the purpose of designating registered agents of corporations, and that the person or persons named in this report are qualified under the applicable laws of the state of Florida to accept the appointment of registered agent on behalf of the corporation named in this report.

Signature: *[Signature]*

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. OFFICERS AND DIRECTORS | 13. ADULTERATING OFFICERS, DIRECTORS, AND SHAREHOLDERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>NAME</td> <td>XIQUES, NIEVES F.</td> <td>TYPE</td> <td>Director</td> <td>ADULTERATING</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td>440 E. 28TH ST.</td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td>HIALEAH FL</td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> </table> | NAME | XIQUES, NIEVES F. | TYPE | Director | ADULTERATING | | ADDRESS | 440 E. 28TH ST. | TYPE | | | | CITY | HIALEAH FL | TYPE | | | | STATE | | TYPE | | | | ZIP | | TYPE | | | | NAME | | TYPE | | | | ADDRESS | | TYPE | | | | CITY | | TYPE | | | | STATE | | TYPE | | | | ZIP | | TYPE | | | | NAME | | TYPE | | | | ADDRESS | | TYPE | | | | CITY | | TYPE | | | | STATE | | TYPE | | | | ZIP | | TYPE | | | | <table border="1"> <tr> <td>NAME</td> <td></td> <td>TYPE</td> <td></td> <td>ADULTERATING</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> <td>TYPE</td> <td></td> <td></td> <td></td> </tr> </table> | NAME | | TYPE | | ADULTERATING | | ADDRESS | | TYPE | | | | CITY | | TYPE | | | | STATE | | TYPE | | | | ZIP | | TYPE | | | | NAME | | TYPE | | | | ADDRESS | | TYPE | | | | CITY | | TYPE | | | | STATE | | TYPE | | | | ZIP | | TYPE | | | |
| NAME | XIQUES, NIEVES F. | TYPE | Director | ADULTERATING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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14. I hereby certify that the information supplied with this report is correct and that the person or persons named in this report are qualified under the applicable laws of the state of Florida to accept the appointment of registered agent on behalf of the corporation named in this report.

SIGNATURE: [Signature]
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR