

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V09020** (1)  
1. Corporation Name  
**F X COURIER SERVICE, INC.**



Principal Place of Business: **440 EAST 28TH STREET HIALEAH FL 4997**  
Mailing Address: **440 EAST 28TH STREET HIALEAH FL 33013-3642**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	120 ROYAL PALM RD Suite, Apt. #, etc.	26	PO Box 2144 Suite, Apt. #, etc.	01/23/1992	12/30/1996
22	HIALEAH GARDEN City & State	27	HIALEAH City & State	4. FEI Number	Applied For
23	FLA AHO 212 Zip Country	28	FLA Zip Country	65-0315366	Not Applicable
24	33016	29	33012	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
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 NIEVES XIQUES	
				82 Street Address (P.O. Box Number is Not Acceptable) 120 ROYAL PALM RD Apt. 212	
				83 HIALEAH GARDEN	
				84 City FLA	
				85 Zip Code FL 33016	
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: <i>Xiques Nieves F</i>				DATE: 5-2-97	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	XIQUES, NIEVES F 120 ROYAL PALM RD. APT. 212 HIALEAH GARDEN FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

100002185081  
-05/20/97--01054--016  
\*\*\*165.00

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.

SIGNATURE: *Xiques Nieves F* 2/22/97 President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: NIEVES XIQUES  
Date: 2/22/97 Day the Phone: 6001812

CR2E034 (9/96)