

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

Amended Annual Report \$61.25

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT -7 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 152032

1. Corporation Name

DART MESSENGER & COURIER SERVICE, INC

Principal Place of Business

Mailing Address

P.O. Box 661355
MIAMI SPRINGS, FL 33266

P.O. Box 661355
MIAMI SPRINGS, FL 33266

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

7/21/92

3a. Date of Last Report

4. FEI Number

65-0431196

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name CARLOS SALAZARTE

82

Street Address (P.O. Box Number is Not Acceptable)

1670 W 39 PL

83

Suite 1303

84

City Hialeah

FL

85

Zip Code 33012

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

CARLOS SALAZARTE

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

(NOTE: Registered Agent Signature required when re-registering)

10/2/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME Lissette Alino
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

TITLE VP
NAME Monique I. Diaz
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE P
1.2 NAME Adelma Salazarte
1.3 STREET ADDRESS 3598 W 14 CT
1.4 CITY-ST-ZIP Hialeah, FL 33012

☒ Change ☐ Addition

2.1 TITLE VP-Reg.
2.2 NAME Carlos Salazarte
2.3 STREET ADDRESS 1670 W 39 PL #1303
2.4 CITY-ST-ZIP Hialeah, FL 33012

☒ Change ☐ Addition

3.1 TITLE VP-Operations
3.2 NAME Jesus Salazarte
3.3 STREET ADDRESS 3598 W 14 CT
3.4 CITY-ST-ZIP Hialeah, FL 33012

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

CARLOS SALAZARTE

10/2/97 305-827-3278

CR2E034 (12/95)