

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96

B- 6659 C

DOCUMENT # 707865 (2)

1. Corporation Name
TROPICAL LETTER CARRIERS HOLDING CORP.



Principal Place of Business: 70 N.E. 39TH ST. MIAMI FL 33137
Mailing Address: 70 N.E. 39TH ST. MIAMI FL 33137

3. Date Incorporated or Qualified: 09/22/1964
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-6155070
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**STONE, DAVID E.
12555 BISCAYNE BLVD STE 222
N MIAMI FL 33181**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUYANDA, SANTOS	
STREET ADDRESS	636 E 28TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NUTTER, BILLIE	
STREET ADDRESS	12389 SW 52ND PLACE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRAVERS, MARK	
STREET ADDRESS	1312 NW 62ND AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JAVIER	
STREET ADDRESS	12418 N.W. 7 LANE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILL, MICHAEL	
STREET ADDRESS	18682 SW 93RD COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIALE, LAURIE	
STREET ADDRESS	7524 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT MEDINA	
1.3 STREET ADDRESS	20412 NE 14 COURT	
1.4 CITY-ST-ZIP	MIAMI FL 33179	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL J GILL *Michael J Gill* 4-30-96 (305) 576-0464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)