FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

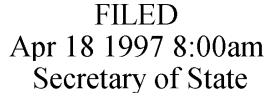
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

707865

(2)



TROPICAL LETTER CARRIERS HOLDING CORP.								
Principal Plac	e of Business	Mailing Address	***************************************			3 776 010 66 01066 0 14 77 01066 014	ARI BIRKI KRRI	
70 N.E. 39TH S MIAMI FL 33137		70 N.E. 39TH ST. MIAMI FL 33137-3643						
					3. Date Incorporated or Qualified 09/22/1964	3a. Date of Last R 05/01/199	eport 36	
	Place of Business	2a. Mailing Address		···-	4. FEI Number 59-6155070		plied For	
26					5970 100070		ot Applicable	
22 Suite, Apr.	#, etc.	27			5. Certificate of Status Desired	□ \$8.75 / Fee Re		
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	May Be	
Zip	Country	Zip	Country	/	8. This corporation has liability fo			
24	25		30		Florida Statutes	Yes No		
	9. Name and Address of Curre	nt Registered Agent		T 14	10. Name and Address of New R	egistered Agent		
			81	Name				
STONE, DAVID E.			82	Street A	ddress (P.O. Box Number is Not Accepta	able)	14	
	ISCAYNE BLVD STE 222		83					
N MIAMI	l FL 33181			<u> </u>				
			84	City		FL 85 Zip (Code	
office or agent 1 a SIGNATURE					corporation submits this statement for the oration's board of directors. I hereby accoration are the statement of the equired when relinstating)	ept the appointment as	registered	
12.	Signature, typod or printed name of registered ag	ND DIRECTORS	13.	ent signature r	ADDITIONS/CHANGES TO OFF		S IN 12	
TITLE	D	DELETE	1.1 TITLE		D	Change	Addition	
NAME	LUYANDA, SANTOS		1.2 NAME]	ROBERT MEDINA			
STREET ADDRESS	636 E 28TH STREET		1.3 STREE	T ADDRESS	20412 NE 14 COURT			
CITY-ST-ZIP	HIALEAH FL 33013			ST-ZIP	MIAMI FL 33179			
TITLE	VD	DELETE 2:				Change	Addition	
NAME	Trotter, otome		2.2 NAME	- 1				
STREET ADDRESS	12389 SW 52ND PLACE		2.3 STREET ADDRESS					
CITY-ST-ZIP	COOPER CITY FL PD		2. 4 CITY-	ST-ZIP		Change	Addition	
TITLE	PD TOAVEDS MADE		3.1 TITLE 3.2 NAME	- {		CT cuarite	Manifol	
STREET ADDRESS	TRAVERS, MARK 1312 NW 62ND AVENUE			T ADDRESS				
CITY - ST - 7IP	MARGATE FL		3.4. CITY-					
TITLE	SD	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	RODRIGUEZ, JAVIER		4. 2 NAME	.		'		
STREET ADDRESS	12418 N.W. 7 LANE		4.3 STREE	T ADDRESS				
CITY - ST - ZIP	MIAMI FL 33182		4.4 CITY-	ST-ZIP				
TITLE	TD	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	GILL, MICHAEL		5.2 NAME					
STREET ADDRESS	18682 SW 93RD COURT			T ADDRESS				
CITY-ST-ZIP	MIAMI FL	The section	5.4 CITY-	ST-ZIP		TT 32	A 4400	
TITLE	D	☐ DELETE	6.1 TITLE	İ		☐ Change	Addition	
NAME	MIALE, LAURIE		6.2 NAME	i				
STREET ADDRESS	7524 HAYES STREET		•	TADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY		ated in Section 119 07(3)(i). Florida Statul	and the stage of the stage		

I. I do hereby certify that the information supplied with this filing does not quality 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6 on an attachment with an address.

SIGNATURE: 4

MOTORINETRONERS

4/11/90

(305) 576-0464 Daytime Phone # 0029268 CHZEGS