

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707865 (2)**  
1. Corporation Name  
**TROPICAL LETTER CARRIERS HOLDING CORP.**



Principal Place of Business <b>70 N.E. 39TH ST. MIAMI FL 33137</b>	Mailing Address <b>70 N.E. 39TH ST. MIAMI FL 33137-3643</b>
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3. Date Incorporated or Qualified <b>09/22/1964</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-6155070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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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 **FL** 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LUYANDA, SANTOS</b>	
STREET ADDRESS	<b>636 E 28TH STREET</b>	
CITY - ST - ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>NUTTER, BILLIE</b>	
STREET ADDRESS	<b>12389 SW 52ND PLACE</b>	
CITY - ST - ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TRAVERS, MARK</b>	
STREET ADDRESS	<b>1312 NW 62ND AVENUE</b>	
CITY - ST - ZIP	<b>MARGATE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, JAVIER</b>	
STREET ADDRESS	<b>12418 N.W. 7 LANE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33182</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GILL, MICHAEL</b>	
STREET ADDRESS	<b>18882 SW 93RD COURT</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MIALE, LAURIE</b>	
STREET ADDRESS	<b>7524 HAYES STREET</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERT MEDINA</b>	
1.3 STREET ADDRESS	<b>20412 NE 14 COURT</b>	
1.4 CITY - ST - ZIP	<b>MIAMI FL 33179</b>	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **MARK TRAVERS** 4/11/97 (305) 576-0469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029268

CR2E037 (9/96)