

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified <b>09/22/1964</b>	Applied For Not Applicable
4. FEI Number <b>59-6155070</b>	
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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  <b>STONE, DAVID E.</b> <b>12555 BISCAYNE BLVD STE 222</b> <b>N MIAMI FL 33181</b>	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUYANDA, SANTOS</b>	1.2 NAME	
STREET ADDRESS	<b>638 E 28TH STREET</b>	1.3 STREET ADDRESS	<b>6327 West 16 Avenue</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	1.4 CITY-ST-ZIP	<b>Hialeah FL 33012</b>
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUTTER, BILLIE</b>	2.2 NAME	
STREET ADDRESS	<b>12389 SW 52ND PLACE</b>	2.3 STREET ADDRESS	<b>1250 NW 126 Avenue</b>
CITY-ST-ZIP	<b>COOPER CITY FL</b>	2.4 CITY-ST-ZIP	<b>Sunrise, FL 33323</b>
TITLE	<b>PD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAVERS, MARK</b>	3.2 NAME	
STREET ADDRESS	<b>1312 NW 62ND AVENUE</b>	3.3 STREET ADDRESS	<b>6219 NW 17 Street</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	3.4 CITY-ST-ZIP	<b>Margate, FL 33063</b>
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, JAVIER</b>	4.2 NAME	<b>D</b>
STREET ADDRESS	<b>12418 N.W. 7 LANE</b>	4.3 STREET ADDRESS	<b>ROBERT MEDINA</b>
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	4.4 CITY-ST-ZIP	<b>20412 NE 14 Court</b>
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILL, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>18682 SW 93RD COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIALE, LAURIE</b>	6.2 NAME	
STREET ADDRESS	<b>7524 HAYES STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ *Prosser* 4/15/98 (505) 576-8526

CR2E037 (10/97)