


FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707865
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/22/1964	4. FEI Number 59-6155070 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LUYANDA, SANTOS <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUYANDA, SANTOS	1.2 NAME	BERNARD COLEBROOK
STREET ADDRESS	62-327 W 16 AVE	1.3 STREET ADDRESS	777 NW 89 TERRACE
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	MIAMI FL 33147
TITLE	VD NUTTER, BILLIE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTTER, BILLIE	2.2 NAME	
STREET ADDRESS	1250 NW 126TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	PD TRAVERS, MARK <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVERS, MARK	3.2 NAME	
STREET ADDRESS	6219 NW 17TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	
TITLE	SD RODRIGUEZ, JAVIER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JAVIER	4.2 NAME	
STREET ADDRESS	12418 N.W. 7 LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	4.4 CITY-ST-ZIP	
TITLE	TD GILL, MICHAEL <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, MICHAEL	5.2 NAME	
STREET ADDRESS	18682 SW 93RD COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D MIALE, LAURIE <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIALE, LAURIE	6.2 NAME	
STREET ADDRESS	7524 HAYES STREET	6.3 STREET ADDRESS	10480 PARIS STREET
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	COOPER CITY FL 33026

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, with a further like empowered.

SIGNATURE: MICHAEL J. FULL SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4-23-99 (305) 576-0464
 Daytime Phone #

CR2E037 (1/98)