

**FILE NOW: Fee after May 1, will be \$203.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 97 JUN 10 PM 3:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000000950**

**GLOBAL MAILBOX EXPRESS, LLC**  
 4455 N.W. 73RD AVE.  
 MIAMI FL 33166-6400

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address  
 4455 N.W. 73RD AVE.  
 MIAMI FL 33166

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/09/1996	FL
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
					<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM, INC.**  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

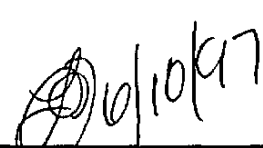
8. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code **FL**

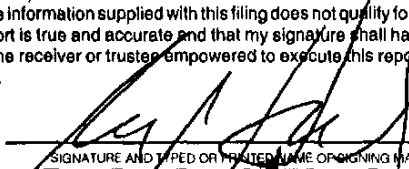
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent: signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
1 MBR	MAIL BOXES ETC. USA, I	6060 CORNERSTONE COURT WES	SAN DIEGO CA
	SKYBOX SERVICES CORP,	4405 N. W. 73RD AVE.	MIAMI FL.

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 \*\*\*\*\*203.75 \*\*\*\*\*203.75  


11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**  **4/21/97 5942666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #