· · · · · · · · · · · · · · · · · · ·				ten e			
File on or before May 1, subject to a \$ 400.00 LA	1999 or Limited TE FEE.	Liability Co	ompany will be	9		Wale.	
LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State			no Harris				
1999 DIVISION OF CORPORATIONS				99 SEP 22 AH 11: 33			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				SECRETARY OF STATE TALLAHASSEE FLORIDA			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000950							
Global Mailbox Express,LLC				1a. Principal Place of Business Address			
4440 N.W. 73rd Ave Miami, FL 33166-6400				4440 N.W. 73rd Ave Miami FL 33166			
		illing Address .O. Box 522774		3. Date Organized or Qualified 09/09/96		3a. State of Formation FL	
Suite, Apt. #, etc.	Suite, Apt	Suite, Apt. #, etc.		4. FEI Number		Apolied For	
· '		y & State		65-0708096		Not Applicable	
Miami FL Zip 33166 Country		ami FL 52-2274 C	ountry	5. Date of Last R	•	6. Certificate of Status Desired	
			USA			SR /s. A fattor if to the quarter R	
7. Name and Address of Current Registered Agent 8.				Name and Address	or New Hegisi	егес Адепиопісе	
CT Corporation	Street Address (P.O. Box Number is Not Acceptable)			le)			
1200 South Pin Plantation, FL	Sulte Apt # etc	Suite, Apt. #, etc.					
(954)473-5503							
	City			Zip Code			
9. Pursuant to the provisions of Secti its registered office or registered agent as registered agent, and accept the o	t, or both, in the State of Flor				bmits this state		
SIGNATURE DATE							
10. Title Managing Memi	OTE Registered Agent signature required when remstating) Business Street Address			City, State and Zip Code			
MBR Mail Boxes	IBR Mail Boxes Etc., USA		6060 Cornerstone Ct, West			San Diego CA92121	
MBR Skybox Serv	4405 N.W. 73rd Ave			Miami FL 33166			
				500	00029 -09/28/ ****1	9993156 /9901060008 97.50 ****197.50	
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				i			
11 1do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 is required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGE MANAGENG MANAGER OR 15/29 (B.68) 642-7436 Date Daytime Proce #							