

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. McIntosh
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **422201** (4)

1. Corporation Name
AMERICAN STAMP WORKS INC

Principal Place of Business
**6431 N W 32ND AVE
MIAMI FL 33147**

Mailing Address
**6431 N W 32ND AVE
MIAMI FL 33147**

APPROVED
AND
FILED

95 APR 28 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/28/1973** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-1456846** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

**HOFFMANN, CHARLES T JR.
6431 N W 32ND AVE
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81. Name **Charles T. Hoffmann, III**

82. Street Address (P.O. Box Number is Not Acceptable)
6431 N. W. 32nd Ave.

83. City **Miami** FL 85. Zip Code **33147**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Charles T. Hoffmann III **PRESIDENT** DATE **4/24/95**

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	HOFFMANN JR, CHARLES T
STREET ADDRESS	3701 SIMMS ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	P
NAME	HOFFMANN III, CHARLES T
STREET ADDRESS	479 N.E. 210TH CIR.TERR.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	V
NAME	HOFFMANN, DONALD W.
STREET ADDRESS	401 N.W. 150TH ST.
CITY - ST - ZIP	MIAMI LAKES, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Charles T. Hoffmann, III
3. STREET ADDRESS	479 N. E. 210th Cir. Terr.
4. CITY - ST - ZIP	Miami, Florida 33179
2.1 TITLE	Vice PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marylou Applegarth
2.3 STREET ADDRESS	102 Walton Way
2.4 CITY - ST - ZIP	Smyrna, Georgia 30082
3.1 TITLE	Secretary / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donald W. Hoffmann
3.3 STREET ADDRESS	401 N. W. 150th Street
3.4 CITY - ST - ZIP	miami, Florida 33168
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald W. Hoffmann **SEC/TRES** DATE **4/25/95** (205) 691-1941