FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

F78946

(3)

MIAMI BEACH STAMP EXPO, INC.

FILED Feb 18 1998 8:00am Secretary of State

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Principal Place	O DI BUSINOSS	Mading Ade	Mading Address			
666 NORTHEA	IST 128TH STREET . PHILLIPS		666 NORTHEAST 128TH STREET C/O DAVID G. PHILLIPS NORTH MIAMI FL 33161			
NORTH MIAM		NORTH MI				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/05/1982
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number Applied For
21		26	26			59-2193201 Not Applicable
Suite, Apt.	#, elc.		Suile, Apt. #, etc.			SR 75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State)		City & State			Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Intangible
24	25	29	3	30		Personal Property Tax due June 30. Yes No
27	9. Name and Address of Curre			<u> </u>		10. Name and Address of New Registered Agent
O. I				B1	Name	ne
	LLIPS, DAVID G.					
	NORTHEAST 128TH STREET			82	Stree	et Address (P.O. Box Number is Not Acceptable)
NO	RTH MIAMI FL 33161			63		
				63		
				84	City	85 Zip Code
					i .	
office or r	o the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida, Such	change was au	thorized by	/ the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
_	in tainina with, and accept the obi	gamma or, occaror	1 607.0303, 1 1019	da Dialutos	J.	
SIGNATURE	Signature, typed or pented name of registered a	oont and title Caresi shi	NOTE:	Rogistered Ane	ent signali	alure required when reinstating) DATE
12.		NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE		Change Addition
NAME	KRASNE, ALVIN L.			1.2 NAME		
	1005 N.E. 125 ST.			1.3 STREET	AD COTO	
STREET ADDRESS	MIAMI FL					, [
CITY-ST-ZIP			DELFTE	1.4 CITY-S 2.1 TITLE	st - ZIP	Change Addition
TITLE					Communication Control of the Control	
NAME	PHILLIPS, DAVID G.			2.2 NAME		1
STREET ADDRESS	668 N.E. 128TH ST			2.3 STREET		SS
CITY-ST-ZIP	NORTH MIAMI FL			2 4 City-	ST · ZIP	
TITLE	TD		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, JERRY			32 NAME		
STREET ADDRESS	1920 E. HALLANDALE BCH	. BLVD., #507		33 STREET	ADDRESS	ss
CITY-ST-ZIP	HALLANDALE FL			3.4. CITY - S	ST - ZIP	
TITLE			DELETE	4 1 TITLE		Change Addition
NAME				4 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	ss
CITY-ST-ZIP				4.4 CITY - S		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
7.5 - 1.1-2				5.3 STREET	. VDDocce	20
STREET ADDRESS						»
CITY-ST-ZIP		-	DELETE	5.4 CITY - S	SI-ZIP	Change Addition
TITLE			LI DELETE	6.1 TITLE		El Change El Adultion
NAME				6.2 NAME		
STREET ADORESS				63STREET	ADDRESS	SS
CITY+ST-ZIP				6.4 CiTY - S	ST-ZIP	

14. Thereby 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 in this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation fit the receiver or truttee 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:

954-457-042