

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

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Secretary of State

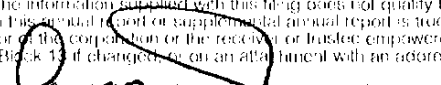
PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K40831 (5)					
1. Corporation Name C A L POSTAL SERVICES, INC.					
Principal Place of Business 4483 N.W. 36TH ST. #111 MIAMI SPRINGS FL 33166 US			Mailing Address 4483 N.W. 36TH ST. #111 MIAMI SPRINGS FL 33166-7260 US		
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		
9. Name and Address of Current Registered Agent					
RANCE, LESLIE 1920 N.E. 208TH TERRACE NORTH MIAMI BEACH FL 33179					
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 _____ DATE _____					
12. OFFICERS AND DIRECTORS					
1. TITLE ☐ DELETE					
2. NAME P RANCE, LESLIE					
3. STREET ADDRESS 1920 N.E. 208TH TERRACE					
4. CITY- ST- ZIP NORTH MIAMI BEACH FL					
5. TITLE ☐ DELETE					
6. NAME					
7. STREET ADDRESS					
8. CITY- ST- ZIP					
9. TITLE ☐ DELETE					
10. NAME					
11. STREET ADDRESS					
12. CITY- ST- ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE ☐ Change ☐ Addition					
2. NAME					
3. STREET ADDRESS					
4. CITY- ST- ZIP					
5. TITLE ☐ Change ☐ Addition					
6. NAME					
7. STREET ADDRESS					
8. CITY- ST- ZIP					
9. TITLE ☐ Change ☐ Addition					
10. NAME					
11. STREET ADDRESS					
12. CITY- ST- ZIP					
13. TITLE ☐ Change ☐ Addition					
14. NAME					
15. STREET ADDRESS					
16. CITY- ST- ZIP					



3. Date Incorporated or Qualified 10/25/1988	3a. Date of Last Report 05/01/1996
4. FET Number 65-0080403	Applied For Not Applicable
5. Certificate of Status Desired ☒ I	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

14. I do hereby certify that the information furnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **LESLIE RANCE 4/1/97 305-888-4600**

CR2E034 (9/96)