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

**PROFIT** Apr 21 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # L06786 INTERPOST INC. Principal Place of Business Mailing Address C/O JOHN BONNER C/O JOHN BONNER 1705 NW 79TH AVE. MIAMI FL 33126 1705 NW 79TH AVE. DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 08/02/1989 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 65-0135017 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BONNER, JOHN** 1705 NW 79TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** 83 84 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 (NO\*E Registered Agent signature required when reinstating) Signature, typical or printed came of registered agest and the if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE ☐ Change Addition 1.1 TOLE **BONNER, JOHN** NAME 1.2 NAME 1705 NW 79 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33126 CITY+ST-ZIP 1.4 C(1Y - S1 - Z(P X DELFTE TITLE 2111111 ☐ Change Addition MACQUAKER, GORDON R. NAME 2.2 NAME 1705 NW 79 AVE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP STD DELETE Addition TITI F 3.1 TITLE Change DURAN, GABRIEL E. NAME 1705 NW 79 AVE STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP 34. CITY-ST-7/P DELETE ☐ Change Addition TITLE 4.1 1111.1 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - 7/P DETETE Change Addition TITLE 5.1 THEF NAME 5.2 NAME STREFT ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 THEF NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-7IP 14. I 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 or supplicatental 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 required or trustee empowered to execute this report as required by Chapter 607, Figrida Statutes; and that my name appears in

**FILED**