FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L40372 (9)

1. Corporation Name
THE B & C MAILING SERVICE, INC.

Principal Place of Business	Mailing Address
% STEVEN D. RUBIN SUITE 434 BOCA RATON FL 33432 US	% STEVEN D. RUBIN SUITE 434 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1990
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business	2a. Mailing Address
21 3550 South 23rd Ave.	26 980 N. Federal Highway
Suite, Apt. #, etc. 22 Ste. 5	Suite, Apt. #, etc. 27 Suite 434
City & State 23 Lake Worth FL	City & State 28 Boca Raton FL
Zip / County 24 33461 / 25	Zip / County 29 33432 / 30 USA

4. FEI Number: 65-0170156 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUBIN, STEVEN D. 980 N FEDERAL HWY SUITE 434 BOCA RATON FL 33432	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when updating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ECHARTE, CARLOS	12 NAME	
STREET ADDRESS	5241 KIM CT	13 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ECHARTE, BELINDA	22 NAME	
STREET ADDRESS	5241 KIM CT	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 arrow.

SIGNATURE: Belinda Echarte — 4-11-95 (Date) — (407) 547-4899 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

0437933 FP