

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71598

(1)

1. Corporation Name

S & M MAILING CORP

2. Principal Office Address

**6494 W. PALM COURT
HIALEAH FL 33012**

2a. Mailing Address

**6494 W. PALM COURT
HIALEAH FL 33012**

(SEE INSTRUCTIONS ON REVERSE)

3. Date of Report
05/04/1990

3a. Date of Last Report
11/30/1994

4. FE Number
65-0213048

Agreement Fee
Not Applicable

5. Certificate of State Income

**\$8.75 Additional
Fee Required**

6. Election Campaign Expenses
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has adopted the adoption fee schedule for 1995.
For each of the following: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MARRERO, SONIA
6494 W. PALM COURT
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (Do not include P.O. Box or apartment)

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of this state, do hereby certify that the above is a true and correct copy of the statement for the purpose of changing its registered office or principal office as required by the Florida Statutes. I am a director, officer, or shareholder of the corporation, and I am duly qualified to execute this statement. I hereby accept the appointment as registered agent of the corporation.

SIGNATURE

12. SIGNATURE AND TITLE OF AGENT

**STD
MARRERO, SONIA
6494 W. PALM COURT
HIALEAH FL 33012**

13. AGENT'S ADDRESS (SEE INSTRUCTIONS ON REVERSE)

1. NAME

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

6. NAME

7. STREET ADDRESS

8. CITY

9. STATE

10. ZIP CODE

11. NAME

12. STREET ADDRESS

13. CITY

14. STATE

15. ZIP CODE

16. NAME

17. STREET ADDRESS

18. CITY

19. STATE

20. ZIP CODE

21. NAME

22. STREET ADDRESS

23. CITY

24. STATE

25. ZIP CODE

26. NAME

27. STREET ADDRESS

28. CITY

29. STATE

30. ZIP CODE

14. I, the undersigned, being a resident of this state, do hereby certify that the information supplied with this filing is voluntarily, knowingly and lawfully given for the purposes stated in Article 13 of the Florida Statutes. I further certify that this information is correct for this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. Postage and collection for all correspondence on the report of this corporation to mail this report as required by Chapter 641, Florida Statutes, and that my signature is in full compliance with the provisions of the said chapter.

SIGNATURE:

Sonia Marrero (Resident)
SIGNATURE AND TYPE PRINT NAME OF SIGNING OFFICER OR DIRECTOR

3/8/1995

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