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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046937 (7) EXPRESSIT INTERNATIONAL MAIL SERVICES INC. Mailing Address Principal Place of Business 3100 N.W. 72ND AVE. 10523 SW 133 PL MIAMI FL 33186 STE 113 DO NOT WRITE IN THIS SPACE MIAMI FL 33122 3. Date Incorporated or Qualified 07/06/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0421216 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Zip Country This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHARDS, JAMES 10523 SW 133 PL 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME RICHARDS, JAMES 1.2 NAME CR2EG94 10523 SW 133 PL STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 Tifl F TITLE DST RICHARDS, LUCY E NAME 22 NAME STREET ADORESS 10523 SW 133 PL 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

64 CffY-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 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 receivor 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 open attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Lung. Michiards

4-15-98

1305/716-8888

FILED

May 01 1998 8:00am

Secretary of State