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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # P93000051909 (8)

1. Corporation Name
MAIL PARCEL SERVICE, INC.

Principal Place of Business
~~5776 SW 2 TERR~~
~~MIAMI FL~~

Mailing Address
~~5776 SW 2 TERR~~
~~MIAMI FL~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21 13724 N. Kendall Dr.
Suite, Apt. #, etc.
22

2a. Mailing Address
26 13724 N. Kendall Dr.
Suite, Apt. #, etc.
27

4. FEI Number: 65-0427166 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

City & State
23 Miami, Fl.
Zip 24 33186
Country 25 Dade

City & State
28 Miami, Fl.
Zip 29 33186
Country 30 Dade

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
~~TUERO, CARMEN~~
~~5776 SW 2 TERR~~
~~MIAMI FL~~

10. Name and Address of New Registered Agent
81 Name: RAUL JUAN PAREDES
82 Street Address (P.O. Box Number is Not Acceptable): 13724 NORTH KENDALL DRIVE.
83
84 City: Miami FL 85 Zip Code: 33186

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] 2/7/95
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	TUERO, JOSE A
STREET ADDRESS	5776 SW 2 TERR
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD ☑ Change ☐ Addition
1.2 NAME	PAREDES, RAUL JUAN
1.3 STREET ADDRESS	13724 N. KENDALL DRIVE
1.4 CITY-ST-ZIP	MIAMI FL. 33186
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information [illegible] filing is voluntarily furnished [illegible] the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual [illegible] or supplemental annual [illegible] true and correct 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 [illegible] authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or [illegible] changes [illegible]

SIGNATURE: [signature] 2-18-95 (305) 380-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0156645 CP