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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068195 1. Corporation Name

D&M MAILING SERVICES CORP.

Principal Place of Business

Mailing Address

169 SE 10TH AVE HIALEAH FL 33010 169 SE 10TH AVE HIALEAH FL 33010

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90026 044 ***150.00



DO NOT	MOTE	INT	PILIT	SDAC
DO NO	WHILE	IIN	I LIIO	SPAC

3. Date Incorporated or Qualifed

09/24/1993

2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	olled For		
		26			65-0436577		Not	Applicable		
Suite, Apt. #	# oto	Suite, Apt. #, etc.			- Office and Charles Designed		\$8.75 A	dditional		
Suite, Apt. 7	τ, σιο.	27			5. Certificate of Status Desired		Fee Rec	uired		
2 2 2 2 2		City & State			6. Election Campaign Financing		\$5.00 1	vlav Be		
_ City & Clate				Trust Fund Contribution		Added to				
:3]	Zip Country Zip		Country		8. This corporation owes the cu	rent year Inta	naible			
Zip			→ '		Personal Property Tax.		Yes	□No		
24 25 29 30			U[10. Name and Address of New Registered Agent						
	9. Name and Address of Current I	Registered Agent	81	Name	10. Italia dia Acciona		<u> </u>			
CONTRACTOR AND			*'							
SCORDAMAGLIA, MERCEDES			82	82 Street Address (P.O. Box Number is Not Acceptable)						
13722 SW 22ND TERRACE								7.1. Yes		
• MIAMI FL 33175		83								
			84	City			85 Zip C	ode		
•			1	1		FL	171			
1	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above	e-named corpo	ration submits this statement for th	e purpose of	changing its	registered		
					n's board of directors. I hereby acc	ept the appoir	ntment as req	jistered		
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	ia Statutes							
SIGNATURE					ut an eninetation	DATE				
	Signature, typed or printed name of registered agent a		13.	n signature required	when reinstating) , ; ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	RS IN 12		
12.	OFFICERS AND	DELETE	1.1 TITLE				☐ Change	☐ Addition		
TITLE	PD	☐ pereie			Contract of the second			İ		
NAME	SCORDAMAGLIA, MERCEDES		1.2 NAME					1		
STREET ADDRESS	13722 SW 22ND TERRACE		1.3 STREE	T ADDRESS		-		.		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	2.1 TITLE				Change	Addition		
NAME			2.2 NAME	ļ						
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TITLE AND A	White of the second	D beceive		1				ĺ		
NAME	PLE TO SPORE TO VICE		3.2 NAME					.,		
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CITY-ST-ZIP			3.4. CITY-	ST-ZIP		<u> </u>	Charma	Addition		
TITLE		☐ DELETE	4.1 TITLE			141	Change	. LI AUGUANII		
			4. 2 NAME							
NAME STREET ADDRESS			4.3 STREE	TADDRESS						
	يهر بنعة بمني		4.4 CITY-5	ST-ZIP	. <u></u>					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	- 1			Change	☐ Addition		
TITLE			5.2 NAME		La Caración Company					
NAME				T ADDRESS				ļ		
STREET ADORESS			5.4 CITY-5	1	v .			1		
CITY-ST-ZIP	<u> </u>	——————————————————————————————————————	6.1 TITLE	21-419			Change	Addition		
TITLE		☐ DELETE								
NAME	Color DE BY		6.2 NAME					Į		
STREET ADDRESS			6.3 STREE	T ADDRESS				l		
وا# ي	拉拉 医铁矿		6.4 CITY-	ST-ZIP						
14 hereby	<u> </u>	this filing does not qualify for	the exemp	tion stated in S	Section 119.07(3)(i), Florida Statute	s. I further ce	rtify that the	information		
14. Heleby	corner and the morning or coppied with	annual raport is true and accur	ate and/th	ht my signature	shall have the same legal effect a	s if made und	er oatn; tnat	i am an		

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fibridae Statutes, I windle creatly that I am an indicated on this annual report or, supplemental annual report is true and accurate anothly 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 his 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 address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OW DIRECTOR

Scokdahaqla 305-888-1160
Dayline Phone #

R2E034 (11/98)