

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG 10 PM 12:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000079044 (2)

1. Corporation Name

MAIL TRADE CENTER, INC.

Principal Place of Business

501 BRICKELL KEY DR.
SUITE 210
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DR.
SUITE 210
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/16/1993

3a. Date of Last Report

04/07/1994

4. FEI Number

65-0478400

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

2. Principal Place of Business

21 601 Brickell Key Dr.

Suite, Apt. #, etc.

22 805

City & State

23 Miami, FL

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 601 Brickell Key Dr.

Suite, Apt. #, etc.

27 805

City & State

28 Miami, FL

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ROBERT N. ALLEN, JR., P.A.
501 BRICKELL KEY DR.
SUITE 210
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Allen and Galego

82 Street Address (P.O. Box Number is Not Acceptable)

601 Brickell Key Dr.

83

Suite 805

84 City

MIAMI

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

ROBERT N. ALLEN, JR., ESQ. PRESIDENT

8-4-95

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP
NAME GENTILE, MAXIMILIANO OS
STREET ADDRESS 501 BRICKELL KEY DR STE 210
CITY - ST - ZIP MIAMI FL

TITLE PT
NAME GENTILE, OSCAR ADOLFO
STREET ADDRESS 501 BRICKELL KEY DR STE 210
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #