

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

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000079044 (2)**  
 1. Corporation Name  
**MAIL TRADE CENTER, INC.**



Principal Place of Business <b>501 BRICKELL KEY DR                  SUITE 805                  MIAMI FL 33131                  US</b>	Mailing Address <b>801 BRICKELL KEY DR                  SUITE 805                  MIAMI FL 33131                  US</b>
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3. Date Incorporated or Qualified <b>11/16/1993</b>	3a. Date of Last Report <b>08/10/1995</b>
4. FEI Number <b>65-0478400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GALEGO, ALLEN  
 501 BRICKELL KEY DR.  
 SUITE 805  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>ALLEN &amp; GALEGO</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>601 BRICKELL KEY DR.</b>
83 <b>S 805</b>
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33131</b>

11. Pursuant to the provisions of sections 607.050 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 responsibilities of, section 607.050, Florida Statutes.

SIGNATURE: *[Signature]* **ROBERT N. ALLEN, JR., PRESIDENT** DATE: **5-18-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVPS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENTILE, MAXIMILIANO OS</b>	1.2 NAME	
STREET ADDRESS	<b>501 BRICKELL KEY DR STE 210</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENTILE, OSCAR ADOLFO</b>	2.2 NAME	
STREET ADDRESS	<b>501 BRICKELL KEY DR STE 210</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>AS ROBERT N. ALLEN, JR.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>601 BRICKELL KEY DR. S. 805</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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, and that I am duly 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 a separate attachment with my address.

SIGNATURE: *[Signature]* **ROBERT N. ALLEN, JR.** DATE: **5/18/96** (305) 372-3307  
 ASSISTANT SECRETARY

CR2E034 (12/95)