FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000079044 (2)**

1. Corporation Name

MAIL TRADE CENTER, INC.

Principal Place of Business

501 BRICKELL KEY DR
SUITE 805
MIAMI FL 33131
US

Mailing Address

601 BRICKELL KEY DR
SUITE 805
MIAMI FL 33131
US

3. Date Incorporated or Qualified: 11/16/1993

3a. Date of Last Report: 08/10/1995

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

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

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: ALLEN & GALEGO

82 Street Address (P.O. Box Number is Not Acceptable): 601 BRICKELL KEY DR.

83: S 805

84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 607.0505 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: ROBERT N. ALLEN JR., PRESIDENT 5-16-96
Signature, Typed or Printed Name of Individual, Title if Applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	DVPS	☐ DELETE
NAME	GENTILE, MAXIMILIANO OS	
STREET ADDRESS	501 BRICKELL KEY DR STE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	PT	☐ DELETE
NAME	GENTILE, OSCAR ADOLFO	
STREET ADDRESS	501 BRICKELL KEY DR STE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	AS	☐ Change ☒ Addition
3.2 NAME	ROBERT N. ALLEN JR.	
3.3 STREET ADDRESS	601 BRICKELL KEY DR. S. 805	
3.4 CITY-ST-ZIP	MIAMI, FL 33131	
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 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 or other officer or agent 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 attached sheet with new address.

SIGNATURE: ROBERT N. ALLEN JR. 5/16/96 (305) 372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ASSISTANT SECRETARY

CR2E034 (12/95)