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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000010413 (0)**

1. Corporation Name

AEROPOST INTERNATIONAL SERVICES, INC.

Principal Place of Business
1601 NW 97TH AVE., UNIT C
MIAMI FL 33172

Mailing Address
P.O. BOX 025216
DEPT. MIA 1
MIAMI FL 33102-5216

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0445224 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. ☐ — $5.00 May Be Added to Fees

8. Does corporation have liability for intangible tax under Chapter 199 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FENDELL, JAMES D
1601 NW 97TH AVE., UNIT C
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: Name of Current or Designated Registered Agent or Officer — Name of Registered Agent or Officer (Printed) — Date

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St. Zip
D	FENDELL, JAMES D	1601 NW 97TH AVE., UNIT C	MIAMI FL 33172

13. ☐ Change ☐ Addition

Title	Name	Street Address	City, St. Zip

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 in Block 11 if an agent or officer of the corporation is named in that block.

SIGNATURE: 14 June, 1995 305-599-8826

SIGNATURE AND SEPARATELY PRINTED NAME OF SOLICITED OFFICER OR DIRECTOR

CR2E034 (3/95)

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