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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500008264 (0)

WORLD MAIL INDUSTRIES, INC.

## FILED Apr 23 1998 8:00am Secretary of State



|  |   |  |              |   | 1  |                                |
|--|---|--|--------------|---|--|--------------------------------|
| Principal Place of Business Mailing Address  |   |  |              |   |  |                                |
| 414 GIRALDA AVENUE   |   | 414 GIRALDA AVENUE -   |              |   |  |                                |
| CORAL GABLES FL 33134  |   | CORAL GABLES FL 33134<br>US  |              | DO NOT WRITE IN THIS SPACE                  |  |                                |
| - 55   |   |  |              |   | 3. Date Incorporated or Qualified  |                                |
|  |   |  |              |   | 01/26/1995   |                                |
| 2. Principal Place of Business th 2a. Mailing Address  |   |  |              |   | 4. FEI Number  | Applied For                    |
| 21 49 15 NW 159th Street 26  |   |  |              |   | 65-0548236   | Not Applicable                 |
| Suile, Apt. #, etc.  |   | Suite, Apt. #, etc.  |              |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| 22 City & Ctat   |   | City & State   |              |   | 5 5 Committee Co |                                |
| City & State 23 Miami FL   |   | 28   |              |   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees |
|  |   | Zip Country  |              | 8. This corporation owes or has paid the cu |  |                                |
| zip<br>24 320  | 14 25 USA                               | 29 30  | -            |   |  | Yes No                         |
|  | g, Name and Address of Current          |  | -            |   | 10. Name and Address of New Registered   | Agent                          |
| HASSLER, THOMAS J  |   |  |              | Name  |  |                                |
|  |   | 82   | Street Add   | dress (P.O. Box Number is Not Acceptable)   |  |                                |
|  | I GIRALDA AVENUE<br>RAL GABLES FL 33134 |  | 02           | Siles Add                                   | Grass (1.0. Box regimber is rect According   |                                |
|  |   |  | 83           |   |  |                                |
| 1  |   |  | 84           | City  |  | 85 Zip Code                    |
|  |   |  |              | '   | Fl   | _ 1 1 1                        |
| 11. Pursuant to the provisions of Sections 607.0502 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. Signature, tyred or printed name of the systemal agent and title of agriculture agent a |   |  |              |   |  |                                |
| 12.  | OFFICERS AND                            | <del> </del>   | 13.          | an organization resign                      | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRECTORS IN 12              |
| TITLE  | PD                                      | DELETE   | 1.1 TITLE    |   |  | Change Addition                |
| NAME   | HASSLER, THOMAS J                       |  | 1.2 NAME     |   |  |                                |
| STREET ADDRESS   | 414 GIRALDA AVENUE                      |  | 1.3 STREET   | ADDRESS                                     |  |                                |
| CITY-ST-ZIP  | CORAL GABLES FL                         |  | 1.4 C(TY - 9 | ST-ZIP                                      |  |                                |
| TITLE  | TO DELETE                               |  | 2.1 TITLE    |   |  | Change Addition                |
| NAME   | HASSLER, CHRISTINE A                    |  | 2.2 NAME     | İ   |  |                                |
| STREET ADDRESS   | 414 GIRALDA AVENUE                      |  | 2.3 STREET   | ADDRESS                                     |  |                                |
| CITY-ST-ZIP  | CORAL GABLES FL                         |  | 2. 4 CITY-   | ST-ZIP                                      |  |                                |
| TITLE  | &D                                      | ☐ DELETE   | 3.1 TITLE    |   |  | Change Addition                |
| NAME   | HASSLER, PETER M                        |  | 3.2 NAME     |   |  |                                |
| STREET ADDRESS   | 111 HARDINGTON DRIVE                    |  | 3.3 STREET   | ADDRESS                                     |  |                                |
| CITY-ST-ZIP  | MADISON AL                              |  | 3.4. CITY-   | ST-ZIP                                      |  | Dobres District                |
| TITLE  |   | DELETE   | 4.1 TITLE    |   |  | Change Addition                |
| NAME   |   |  | 4. 2 NAME    |   |  |                                |
| STREET ADDRESS   |   |  | 4.3 STREET   | ADDRESS                                     |  |                                |
| CITY-ST-ZIP  |   | Locuste  | 44 CITY-S    | ST-ZIP                                      |  | Change Addition                |
| TITLE  |   | ☐ DELETE   | 5.1 TITLE    |   |  | ☐ Change ☐ Addition            |
| NAME   |   |  | 5.2 NAME     |   |  |                                |
| STREET ADDRESS   |   |  | 5.3 STREET   |   |  |                                |
| CITY-ST-ZIP  |   | Districts  | 5.4 CITY- S  | ST - ZIP                                    |  | Change Addition                |
| TITLE  |   | ☐ DELETE   | 6.1 TITLE    |   |  | ☐ Anglige ☐ Vooition           |
| NAME   |   |  | 6.2 NAME     | 4000000                                     |  |                                |
| STREET ADDRESS   |   |  | 6.3 STREET   |   |  |                                |
| CITY-ST-ZIP  | W to all the Company                    | the state of the s | 6.4 CITY - S |   | in Section 119 07(3)(i) Florida Statules I further of  | sertify that the information   |

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

it in Albanda Christina A Hasslar 11/17/90 1200509-1410