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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000009200 (3)

POSTAL AND MORE, INC.

Principal Place	of Business	Ma	iling Address				i insilati dia laist divi delli delli delli	. . (1)	AIN BĂINI BBN 1881
9133 TAFT STREET PEMBROKE PINES FL 33024			9133 TAFT STREET PEMBROKE PINES FL 33024						
							01/31/1995	Date of Last R	eport
2. Principal Pla 21	ace of Business	2a. 26	Mailing Address		,		4. FEI Number 65-0556505	-···	Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State	······································	28	City & State				6. Election Campaign Financing Trust Fund Contribution	T	0 May Be d to Fees
2ip 24	Country 25	29	Zip 	Gounts 30	У		8. This corporation has liability for intangil Florida Statutes Yes \(\sigma\) Yes \(\sigma\)	lo	199.032,
	g. Name and Address of Curre	ent Regist	ered Agent		т.		10. Name and Address of New Registe	red Agent	
				8.	1	Name	N/A		
GUERRA, ARMANDO 310 N.W. 195TH AVENUE		82	2	Street Addr	Address (P.O. Box Number is Not Acceptable)				
	ROKE PINES FL 33029			83	3				
, 55,				84	+	City		FL 85 Zi	p Code
SIGNATURE	Signature, typed or printed name of registered age	LECTOR e Land tecina	L Option (No	.11E Higateled Ag	ert:	signature require			Ų
12.	President	NUDIRGO	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		becere	1.2 NAME				Gridinge	
STREET ADDRESS	BLMBNOO GUER 310 NW 198HAVE	ZIE.LI		1.3 STREE		มากละรร			
CITY - ST - ZIP	Fembroke Pines	CL 3	32029	14 C-TY-					
TITLE	R VICE President	13/12/5	DELETE	2 1 TITLE		<u></u>		Change	☐ Addition
NAME	markin Gordas	h .		2.2 NAME					
STREET ADDRESS	7740 Juniper	St.		23 STREE	ΤА	ADDRESS			
CITY - ST - ZIP	MIRAMAK, FL ?	GOE	3	240119	S'	- ZIP			
tit.e			□ DELFTE	3 1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 SIRÉ	FT #	ADURESS .			
CITY-ST-ZIP			f butte	34 CITY -	***	- 7IP	and the second of the second o	F3 05	The Addition
TITLE			□ DELETE	4 1 TITLE				☐ Change	☐ Addition
NAME				4.2 NAME					
STREET ADORESS						ADDRESS			
CITY-SI-ZIP TITLE			DELETE	4.4 CHTY - 5.1 TH LE		- 2117		Change	Addition
NAME			_ 5	5.2 NAME					L
STREET ADDRESS				5.3 STREE		seagness			
CITY-ST-ZIP				5.4 City -					
TITLE	**************************************		DELETE	6 1 THILE		-L"		Change	Addition
NAME			the state of the s	6.2 NAME					
STREET ADDRESS				63 STHEE		ADDRESS			
CITY - ST - ZIP				6.4 City -					

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrival 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 or an attachment with an address

SIGNATURE: Accorded July Signature and typeo or printed name of signing officer or director

4-29-96 (954)+37-1331

CR2E034 (12/95)