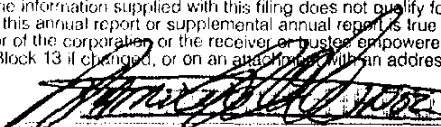


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000041806 (7)			
1. Corporation Name ADVANCED MAILING SERVICES, INC.			
Principal Place of Business 4515 S.W. 68TH CT CIR #2 MIAMI FL 33155-6811		Mailing Address 4515 S.W. 68TH CT CIR #2 MIAMI FL 33155-6811	
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
9. Name and Address of Current Registered Agent MUNOZ, PATRICIO 5241 S.W. 144TH AVENUE MIAMI FL 33175		10. Name and Address of New Registered Agent	
81 Name		PATRICIO MUNOZ	
82 Street Address (P.O. Box Number is Not Acceptable)		4515 S.W. 68TH CT Circle #2	
83			
84 City		MIAMI	
85 Zip Code		FL 33155	
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: Typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	DELETE	
NAME	MUNOZ, PATRICIO		
STREET ADDRESS	4515 S.W. 68TH CT CIR #2		
CITY - ST - ZIP	MIAMI FL 33155-6811		
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		Change Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
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 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 attached page with an address.			
SIGNATURE:  FEB 17/97 (305) 666-0695			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PATRICIO MUNOZ			



CR2E034 (9/96)