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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 16 1997 8:00am

Secretary of State

U-18-97 (305) 53/63/5

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MINI-POST OFFICE, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address 1602 ALTON ROAD 1802 ALTON ROAD MIAMI BEACH FL 33139-2421 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1995 04/04/1996 Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0609686 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip **O**ountry Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes ☐ No 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code 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 title if applicable (NOTE_Registered Agent signature required when ro-installing) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. PSTD DELETE TITLE 1 1 1 1 H F Change **BONILLA, RUSUELIA** NAME 1.2 NAME 1602 ALTON ROAD STREET ADDRESS 1.8 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-7iP 1.4 CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.12 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4. ¢ CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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 eath; 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