

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000025342 (2)

1. Corporation Name
MAIL IT HERE, INC.

Principal Place of Business
62 INDIAN TRACE
WESTON CITY FL 33326

Mailing Address
62 INDIAN TRACE
WESTON CITY FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1996	
21		26		4. FEI Number 12-6681332	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent

RAMESHWAR, MAHENDRA N
1216 EAST RIVER DRIVE
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name Rameshwar Mahendra N.
82 Street Address (P.O. Box Number is Not Acceptable)
738 San Remo Dr.
83
84 City Weston FL 85 Zip Code 33326

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

M. Rameshwar

Signature of Registered Agent and filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMESHWAR, MAHENDRA N	1.2 NAME	Rameshwar Mahendra N.
STREET ADDRESS	1216 EAST RIVER DRIVE	1.3 STREET ADDRESS	738 San Remo Dr.
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	Weston City, FL 33326-4551
TITLE	D	2.1 TITLE	S/D.
NAME	RAMESHWAR, BIBI R	2.2 NAME	Rameshwar, Bibi R.
STREET ADDRESS	1216 EAST RIVER DRIVE	2.3 STREET ADDRESS	738 San Remo Dr.
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	Weston City, FL 33326-4551
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMESHWAR, HARRY P	3.2 NAME	
STREET ADDRESS	8403 N.W. 20TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE:

M. Rameshwar

4/27/98 (954) 385-1500

CR2034 (10/97)