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FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050933 (6)

1. Corporation Name

ALL SERVICE POSTAL CENTER, CORP.

Principal Place of Business

4534 W. 12 AVE.
HIALEAH FL 33012

Mailing Address

4534 W. 12 AVE.
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

65-0673087

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORALES, EUGENIO
4534 W. 12 AVE.
HIALEAH FL 33012

81 Name

Amparo Morales

82 Street Address (P.O. Box Number is Not Acceptable)

4534 W. 12 Ave.

83

84 City

Hialeah

FL

85

Zip Code

33012

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]
Signature of registered agent and title if applicable.

Amparo Morales

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE 1/15/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME ~~MORALES, EUGENIO~~
STREET ADDRESS ~~4534 W. 12 AVE. ---~~
CITY-ST-ZIP ~~HIALEAH FL 33012--~~

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME MORALES, AMPARO
STREET ADDRESS 4534 W. 12 AVE.
CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DP
2.3 STREET ADDRESS Amparo Morales
2.4 CITY-ST-ZIP 4534 W. 12 Ave.
Miami, FL 33012

TITLE DS ☐ DELETE
NAME MORALES, JORGE J
STREET ADDRESS 4534 W. 12 AVE.
CITY-ST-ZIP HIALEAH FL 33012

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *[Signature]* AMPARO MORALES

305-556-1272
[Signature]

CR2E034 (10/97)