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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000085667**1. Corporation Name

RELIABLE SHIPPING PRODUCTS, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90038 029 ***150.00



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Principal Place	of Business	Mailing Address				1 90 11 01 130 30310 03111 00131 0		S IBJUL DILID BISIU	#1111 1881 1881
2015 ARCH CREEK DR 2015 ARCH CREEK DR N. MIAMI FL 33181 N. MIAMI FL 33181					!	DO NOT WR	ITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed			
						10/16/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apı	plied For
21		26				65-0706643		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E. Cortifonto of Status Desired		\$8.75 A	dditional
22		27	27			5. Certifcate of Status Desired		Fee Re	quired
City & State)	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cour	ntry	,	8. This corporation owes the cu	rent year In		
24	25	29 3	0		i	Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent		041 1	Alleren er milita	10. Name and Address of New		Agent	
SHAPIRO, IRA D				81 Name BARBARA MILLER					
13899 BISCAYNE BLVD.			ſ	82 Street Address (P.Q. Box Number is Not Acceptable)			table)		
MIAMI FL 38,181					2015	ARCH CREEK 1	<u>)R-</u>	_	
1111/211	in the salton			83	٨				
Ĺ			Ì	84 (City N. M	IAMI	Fl	85 3ip C	orde
44 Purcuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statutes	the ab	ove-n	named corpor	ation submits this statement for the	e purpose o	of changing its	registered
offine or r	naistered saont or both in the State	o of Elocida. Such change was aut	norizad	hy the	e corporation	's board of directors. I hereby acce	pt the appo	intment as req	gistered
agent. I am familier with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered ag	rent and title if applicable (NOTE: 8)	enistered /	Anent si	gnature required w	rhen reinstating)	DATE	[77 _	
12.		IND DIRECTORS	13.	190.11	gdo .oquius	ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	LE				Change	☐ Addition
NAME	MILLER, BARBARA		1.2 NAJ	ME					1
STREET ADDRESS	2015 ARCH CREEK DR		1.3 STF	REET AL	DDRESS				
CITY-ST-ZIP	N. MIAMI FL 33181		1.4 CIT	Y-ST-Z	ne }				}
TITLE		☐ DELETE	2.1 TIT					Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS	I		2.3 STF	REET AL	DORESS /				
CITY-ST-ZIP			2. 4 CIT	ry-ST-2	ZIP)				
TITLE		☐ DELETE	3.1 TITI					Change	☐ Addition
NAME			3.2 NA	ME		-		·	
STREET ADDRESS			3 3 STF	REETAC	DORESS				ſ
CITY-ST-ZIP			3.4. CI1	Y-ST-2	ZIP				
TITLE		☐ DELETE	4.1 TITI	LE				Change	☐ Addition
NAME			4. 2 NA	ME					l
STREET ADDRESS			4.3 STF	REET AL	DDRESS				1
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	IP				
TITLE		☐ DELETE	5.1 TITI	LE		,		Change	Addition
NAME			5.2 NAJ	ME		·			
STREET ADDRESS			5.3 STF	REETAL	DORESS				
CITY-ST-ZIP			•	Y-ST-Z	IP				
TITLE		☐ DELETE	6 1 TITI	LE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STF	REETAD	DDRESS				
1			E A OIT	V OT 7	(1

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, if an attachment with an address, with all other like empowered.

SIGNATURE: