03-10-1999 90032 018 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000008328

1. Corporation Name

MAIL SH	IUPPE ENTERPHISES, INC	/B								
Principal Place	e of Business	Mailing Address					) I SAMANYANAN ANAN MANAN ANAN ANAN A	<b>8)</b> 05 <b>88</b> 031 <b>88</b> 311 <b>88</b>	INI ININA IIIIN I	1 <b>00</b> 1
·	AN RD UNIT 105	14601 BALGOWAN RD UNIT 105								
			KES FL 33016-6455			1	DO NOT WD	ITE IN TIME C	DACE	
						-	3. Date Incorporated or Qualifec	ITE IN THIS S	PACE	
						- 1	. 01/26/1998			{
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number 2000		Apr	lied For
21	lade of Edomicas	<del></del> 1 -	26				65-0805487	, <b>-</b>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5 Continue of Chatra Desired		\$8.75 A	dditional
22		27	27				5. Certificate of Status Desired	<u> </u>	Fee Red	quired
City & Stat	e	City & State	City & State				6. Election Campaign Financing		\$5.00 h	,
23		28				Trust Fund Contribution - Added to Fees				
Zip	Country	Zip		ountr	У		8. This corporation owes the cur			<b>⊉</b> No
24	25	29	30	$\overline{}$			Personal Property Tax.  10. Name and Address of New			ESTINO (
	9. Name and Address of Curre	int Registered Agent		81	Name		10. Haille and Address of Hear	registered re	90111	
FERI	rer, robert			L						
	1 BALGOWAN RD UNIT 105				Street /	Address (P.O. Box Number is Not Acceptable)				
MIAMI LAKES FL 33016-6455				83	3		· · · · · · · · · · · · · · · · · · ·			
				L	ļ				1 - 1 7:- C	
				84	City			FL	85 Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or pnnted name of registered ag	e of Florida. Such change wa pations of, Section 607.0505,	is authorizi Florida Sta	ed by atute:	the corpo	oration :	tion submits this statement for the board of directors. I hereby acce	e purpose of c ept the appoint	nanging its i	registered gistered
12.		ND DIRECTORS	13				ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12
TITLE		☐ DELETE	1.1	TITLE			esident		Change	Addition
NAME			1.2	NAME	ļ	BC	BERT FERRER 601 BALGOWAN ROAD	1 #IDS		
STREET ADDRESS			1.3	STREE	TADDRESS	[40	601 BACGOWAN ROAD	1 11100	_	ĺ
CITY-ST-ZIP				CITY-	ST-ZIP	M	iami LAKES, FL 330	16-642	) ·	
TITLE		☐ DELETE	2.1	TITLE	ļ	ΙŻτ	ATT C. FERRER		Change	☐ Addition
NAME			2.2	NAME	İ	אלע	E-HESIBERI			
STREET ADDRESS			2.3	STREE	ET ADDRESS	}				i
CITY-ST-ZIP		- DELETE			ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AC DOCKINGAT	<del></del>	Change	Addition
TITLE		☐ DELETE		TITLE		V	CE-PRESIDENT		C Gliarige	Aradison
NAME				NAME	1	RU	1TH E. FERRER 601 BALGOWAN PO 1AMI LAICES, FL	arl. #1	05	c
STREET ADDRESS					ET ADDRESS	n a	INVALIANCES EL	22016-6	455	
CITY-ST-ZIP TITLE		[] DELETE		TITLE	ST-ZIP	1-1	TRIVIT CHILL ST. 15	<u> </u>	☐ Change	☐ Addition
NAME	-			NAME					_	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP	}				
TITLE		☐ DELETE		TITLE	$\overline{}$				Change	☐ Addition
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREE	ET ADDRESS					
CITY-ST-ZIP					ST-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1	TITLE		1			Change	☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP