

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90044 003 ***158.75

DOCUMENT # P 98000098899 ✓

1. Corporation Name

MAIL AROUND THE GLOBE, INC. ✓

Principal Place of Business

P.O. BOX 5216163
MIAMI, FL. 33152

Mailing Address

P.O. BOX 5216163
MIAMI, FL. 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
NOVEMBER 24, 1998

4. FEI Number
65-0877707

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

732 NW 76 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33126

Zip Country

25

2a. Mailing Address

26 732 NW 76 AVE

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL. 33126

29 Zip Country

30

9. Name and Address of Current Registered Agent

OSCAR F. GONZALEZ
7303 NW 56 ST
MIAMI, FL. 33166

10. Name and Address of New Registered Agent

81 Name MARIO EGO-AGUIRRE
82 Street Address (P.O. Box Number is Not Acceptable)
732 NW 76 AVE
83
84 City MIAMI, FL 85 Zip Code 33126

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 X HERNANDO DEL PRADO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/99

2. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME OSCAR F. GONZALEZ
STREET ADDRESS P.O. BOX 5216163
CITY-STATE-ZIP MIAMI, FL. 33152

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME MARIO EGO-AGUIRRE
1.3 STREET ADDRESS 732 NW 76 AVE
1.4 CITY-STATE-ZIP MIAMI, FL. 33126

2.1 TITLE V-P ☐ Change ☒ Addition

2.2 NAME HERNANDO DEL PRADO
2.3 STREET ADDRESS 732 NW 76 AVE
2.4 CITY-STATE-ZIP MIAMI, FL. 33126

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

4. 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.