FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:36

DOCUMENT # **S16261** **(7)**

1. Corporation Name
POSTAL COURIER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 526703 MIAMI FL 33152	P.O. BOX 526703 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1990**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business
21 5909 NW 74 AVE
Suite, Apt #, etc. 22
City & State 23 MIAMI, FL
Zip 24 33166 Country 25 USA

2a. Mailing Address
26
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **65-0231068** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUFF, ROBERT
9920 SW 218 TERR.
MIAMI FL 33190

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 of a person named as registered agent and the date of that signature) (NOTE: Registered Agent's signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HUFF, ROBERT	12 NAME	
STREET ADDRESS	9920 SW 218 TERRACE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☒ Change ☐ Addition
NAME	HUFF, LONNIE	22 NAME	
STREET ADDRESS	9920 SW 218 TERRACE	23 STREET ADDRESS	22202 SW 98 PL
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL 33190
TITLE	VS	31 TITLE	☒ Change ☐ Addition
NAME	HUFF, LARRY	32 NAME	
STREET ADDRESS	1058 LAGUNA SPRINGS DR	33 STREET ADDRESS	RT 18, BOX 108
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	Lebanon, MO. 65536
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Robert Huff 1-9-95 305 385 7317
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF OFFICER OR DIRECTOR) (Date) (Daytime Phone #)