CITY-ST-ZIP

STREET ADDRESS CITY - ST-ZIP

TITLE

NAME

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)MIAMI LETTER EXPRESS CORP. Principal Place of Business Mailing Address 13061 N. KENDALL DRIVE 13061 N. KENDALL DRIVE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1991 Applied For 65-0258427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIESSER, VICTOR 13061 N KENDALL DR. 82 O. Box Number is Not Adcepted MIAMI FL 33186 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE ☐ DELETE 1,1 TITLE Change Addition RIESSER, VICTOR 1.2 NAME NAME 13061 N. KENDALL DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - ST- ZIP DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE TITLE STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIT? F 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 recorded by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, order an attachment with an address. SIGNATURE:

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME Change

Addition

DELETE