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

APPROVED AND FILED

95 MAY -1 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L81292 (9)

1. Corporation Name

~~SUPER NAILS, INC.~~ DELI EXPRESS INC.

Principal Place of Business
14455 N. DALE MABRY
TAMPA FL 33618-9019
US

Mailing Address
14455 N. DALE MABRY
TAMPA FL 33618-9019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1990
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business
21 ~~6201~~ 5201 W KENNEDY #130
22 Suite, Apt. #, etc.: 130
23 City & State: TAMPA FL
24 Zip: 33609
25 Country: Hills

2a. Mailing Address
26 3924 YELLOW Finch
27 Suite, Apt. #, etc.:
28 City & State: LUTZ FL
29 Zip: 33549
30 Country: Hills

4. FEI Number: ~~NOT APPLICABLE~~ 59-3021799 — 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

NGUYEN, TRAN
~~14455 NO DALE MABRY~~ 3924 YELLOW Finch
~~TAMPA FL 33618~~ LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: NGUYEN TRAN
82 Street Address (P.O. Box Number is Not Acceptable): ~~3924 YELLOW FINCH~~ LN
83
84 City: LUTZ FL 85 Zip Code: 33549

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: Secretary — 4-18-95
Signature, Name of Printed Name of registered agent and title if applicable (NO Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NGUYEN, TRAN
STREET ADDRESS	~~14455 N DALE MABRY~~ 3924 YELLOW FINCH
CITY ST ZIP	~~TAMPA FL~~ LUTZ FL 33549
TITLE	S
NAME	NGUYEN, CHU
STREET ADDRESS	~~14455 N DALE MABRY~~ 3924 YELLOW Finch
CITY ST ZIP	~~TAMPA FL~~ LUTZ FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☒ Change ☐ Addition
12 NAME	NGUYEN, TRAN	
13 STREET ADDRESS	3924 YELLOW Finch	
14 CITY ST ZIP	LUTZ FL 33549	
21 TITLE	~~VP~~ Secretary	☒ Change ☐ Addition
22 NAME	NGUYEN, CHU	
23 STREET ADDRESS	3924 YELLOW FINCH	
24 CITY ST ZIP	LUTZ FL 33549	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME	900001478769	
43 STREET ADDRESS	-05/08/95--01045--016	
44 CITY ST ZIP	****200.00 ****200.00	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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: Secretary — APRIL/18/95 — (813) 289-1550
SIGNATURE AND TYPED OR PRINTED NAME OF individual OFFICER OR DIRECTOR — Date — Telephone Number

0290000 CP