

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 ANNUAL REPORT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Sep 28 1998 8:00am
 Secretary of State

MP PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000000617 (5)
 1. Corporation Name
 CRUZ DELIVERY SERVICE, INC.



Principal Place of Business: 9561 FOUNTAINBLUE BLVD. SUITE 112 MIAMI FL 33172
 Mailing Address: 9561 FOUNTAINBLUE BLVD. SUITE 112 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 7164 NW 50 ST
 Suite, Apt. #, etc.
 22 MIAMI FL
 City & State
 23 33166 USA
 Zip Country
 24 33174 USA
 25 29 30

3. Date Incorporated or Qualified: 01/03/1997
 4. FEI Number: 65/0726861
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 CRUZ, PATRICIA
 7164 NW 50 ST
 MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number Is Not Acceptable)
 83
 84 City FL 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------|---------|
| TITLE | D | DELETED |
| NAME | CRUZ, ALFREDO | |
| STREET ADDRESS | 7164 NW 50TH ST | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | D | DELETED |
| NAME | CRUZ, ROBERTO | |
| STREET ADDRESS | 7164 NW 50TH ST | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | D | DELETED |
| NAME | CRUZ, PATRICIA | |
| STREET ADDRESS | 7164 NW 50TH ST | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | | DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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.

SIGNATURE: _____ 8/24/98
 DEP. \$550.00

CR2E034 (5/98)