FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



		1	•

FILED Apr 16 1997 8:00am Secretary of State

(F	ile now: filin	ig fee af	FILED			
COL	PROFIT RPORATION UAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS		1	.997 8:00an
	1997				Secretary of State	
MONAR	MENT # 519 OCH DELIVERY SERV	VICE, INC.	(7) Mailing Address			
900 ROCHEST 8390 NW 53RI MIAMI FL 3310	D ST.					
					3. Date Incorporated or Qualified 12/07/1976	3a. Date of Last Report 04/30/1996
2. Principal P	Place of Business	26	a. Mailing Address		4. FEI Number 59-1727273	Applied For Not Applicable
Sulte, Apt.	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29	Zip	Gountry 30	This corporation has liability for Florida Statutes Name and Address of New Re	Yes No
11. Pursuant office or agent. I a	to the provisions of Section registered agent, or both, i am familiar with, and accep	ns 607.0502 and in the State of Fio at the obligations	607,1508, Florida St rida. Such change w of, Section 607,0505,	84 City stutes, the above-named or as authorized by the corpo Florida Statutes.	orporation submits this statement for the pration's board of directors. I hereby acce	FL 85 Zip Code ourpose of changing its registered pt the appointment as registered
12.	Signature, typed or printed name of Of E	registered agent and the ICERS AND DIRI		NOTI · Registered Agent signature re-	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	VP	TOLITO FILED COLI	DELETE	1.1 TOLE	ABBITIONS/BIANGES TO OTT	Change Addition
NAME STREET ADDRESS	NICHOLS, GAIL A. 7835 NW 148TH STF MIAMI FL	REET		1.2 NAME 1.3 STREET ADDRESS		
TITLE NAME STREET ADDRESS	D AUSTIN, RICHARD B 8390 NW 53 ST #30		DECETE	1.4 CHY-S1-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE	MIAMI FL VPD MATTHEWS, RICHAR	PD T JIP	☐ DELETE	2 4 CHY-ST-ZIP 3 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	7835 NW 148TH ST MIAMI FL			3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS			DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		L_ Change
CITY-ST-ZIP TITLE NAME			DELETE	4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	5.3 STREET ADDRESS 5.4 CHY-S1-ZIP 6.1 TITLE	·	☐ Change ☐ Addition
NAME STREET ADDRESS			DELETE	6.2 NAME 6.3 STREET ADDRESS		COMMUNICATION CT VONITION
CITY-ST-ZIP				6.4 CITY - ST - ZIP		

14. I do 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 eath; 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.

1 CATT. A NTCHOLS 4/1/97

QUALITY ILALIES LIGAIL A. NICHOLS

4/1/97