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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M83877

(4)

DADE MOVING AND DELIVERY SERVICE, INC.

| Principal Place of Business |
|--|
| 7471 N.W. 63 ST. MIAMI FL 33166 US |

2. Principal Place of Business

Mailing Address

2901 S.W.135TH AVEUNE MIAMI FL 33175

2a. Mailing Address

FILED Feb 18 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

02/08/1996

3. Date Incorporated or Qualified

06/06/1988

4. FEI Number

| 21 | | 26 | | | | 65-0057598 | No | t Applicable | |
|---|--|----------------------------------|---------------------|---|-----------------------|--|---------------------|---------------|--|
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 | | |
| 22 | | | | | | Certificate of Status Desired | Fee Re | quired | |
| City & State City & State | | | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28] | . _, | | · | Trust Fund Contribution | Added t | o Fees | |
| Zip | Country | Zip | | intry | | 8. This corporation has liability for Intang | | 199.032, | |
| 24 | 25 | 29 | 30 | | | | □ No | | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registe | red Agent | | |
| QUINTERO, FRANK, JR., P.A. | | | | | Name | | | 1 | |
| 800 DOUGLAS RD. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 219 | | | | | | | | | |
| CORAL GABLES FL 33134 | | | | 83 | | | | | |
| | | | | 84 City 85 Z _{IP} Code | | | | | |
| | | | | | City | | FL " = " |) | |
| 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 fit oil applicable (NOTE: Registered | | | | | nt signature required | | | | |
| 12. | | ND DIRECTORS | 13. | 13. | | ADDITIONS/CHANGES TO OFFICERS | | (| |
| TIFLE | • • • | | 1.1 TI | TLE | | | [] Change | Addition | |
| NAME | FONT, ARMANDO | | | 1.2 NAME | | | | 1 | |
| STREET ADDRESS | 2901 S.W. 135 AVE | | 1.3 \$ | TREET | ADDRESS | | |]; | |
| CITY-ST-ZIP | MIAMI FL | | | 1.4 CITY - ST - ZIP | | | | | |
| TITLE | V\$D DELETE | | | 2.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | FONT, FAUSTINO | | 2.2 N | AME | J | | | | |
| STREET ADDRESS | 2901 S.W. 135 AVE | | 2.3 \$ | TREET A | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 2 | | | 2 4 CITY-ST-ZIP | | | | | |
| TITLE | | DELETE | 311 | TLE | 7 | | Change | Addition | |
| NAME | | | 3.2 N | AME | Į. | | | | |
| STREET ADDRESS | | | 3.3 S | REET | ADDRESS | | | | |
| CITY - ST - ZIP | <u> </u> | | | 3.4. CITY - ST - ZIP | | | | 1 | |
| TITLE | DELETE 4. | | | TLE | | | ☐ Change | Addition | |
| NAME | | | 4 2 1 | IAME | | | | | |
| STREET ADDRESS | | | 4.3 S | REET A | ADDRESS | | | ľ | |
| CITY-ST-ZIP | | | 4.4 C | ITY-SI | I-ZIP | | | | |
| TITLE | | DELETE | 5.1 79 | TLE | | | Change | Addition | |
| NAME | | | 5.2 N | AME | | | | | |
| STREET ADDRESS | | | 5.3 S | TREET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | 54 C | ITY-ST | - ZIP | | | 1 | |
| TITLE | DELETE | | | 6.1 TITLE | | | Change | Addition | |
| NAME | | | 6.2 N | AMÉ | | | | | |
| STREET ADDRESS | | | 6.3 S | IREET. | ADDRESS . | | | | |
| CITY - ST - ZIP | | 4 | | TY-ST | · 1 | | | [| |
| 14. I do hereb | by certify that the information supplied | ed with this filing does not qua | alify for the | exer | notion stated i | n Section 119.07(3)(i), Florida Statutes. I fu | rther 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 arm 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 of an attachment with an address. | | | | | | | | | |
| 112h7 (2-)112h7 | | | | | | | | | |
| SIGNATURE: 2/13/97 (305)470-2483 | | | | | | | | | |