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

Mailing Address

158 EAST 51ST PLACE

HIALEAH FL 33013-1450

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

158 EAST 51ST PLACE

HIALEAH FL 33013



appears in Block 12 or Block 13 il changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002183 (0)

SOUTH FLORIDA MESSENGER & DELIVERY, INC.

4. FEI Number 2. Principal Flace of Business 2a. Mailing Address Applied For 65-0385106 21 Not Applicable Suite Ant #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State: City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, X No Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 MACHADO, JOSE M Name 158 EAST 51ST PLACE **B2** Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 84 City 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE ingreunce itypical or printed name of regularing agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE Change Addition 1.1 TITLE MACHADO, JOSE M NAM : 1.2 NAME 158 EAST 51ST PLACE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33013 CHY+SI-ZIP 1.4 CITY - ST-ZIP DELETE Addition $\mathrm{III}(\ell$ 2.1 TITLE NAME: 2 2 NAME STREET ADDIS 2.3 STREET ADDRESS CITY - \$1 - 20 2 4 CITY - ST - ZIP 141.6 3 1 TITLE ☐ Change Addition MARIE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CHY ST-76 34 CITY-ST-ZIP DELETE 101.6 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY ST-7-2 4.4 CITY - ST - ZIP DELETE Billie 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST 74: 5.4 CITY - ST - ZIP DELETE 101 6 1 THILE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 00 y 51 - 20 64 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 and cated 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

FILED
Mar 05 1997 8:00am
Secretary of State

3a. Date of Last Report

04/24/1996



3. Date Incorporated or Qualified

01/01/1993