

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000019286 (2)

1. Corporation Name
PACHECO'S DELIVERIES, INC.



Principal Place of Business Mailing Address
4855 S.S. 93RD CT. MIAMI FL 33165 4855 S.S. 93RD CT. MIAMI FL 33165

3. Date Incorporated or Qualified **03/15/1993** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0393696** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PACHECO, FELIX
4855 S.W. 93RD RD. COURT
MIAMI FL 33165**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PACHECO, FELIX	
STREET ADDRESS	4855 S.W. 93RD CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PACHECO, ELPIDO	
STREET ADDRESS	1040 S.W. 70 AVE B 242	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PACHECO, ELOISA	
STREET ADDRESS	4855 S.W. 93RD CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	ARTOLA, JAVIER	
STREET ADDRESS	1470 N.W. 3 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWIN VINDAS	
1.3 STREET ADDRESS	3855 S.W. 79 AVE	
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSE NAVARRETE	
2.3 STREET ADDRESS	3131 S.W. 19 ST	
2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LAZARO C. CAMACHO	
3.3 STREET ADDRESS	5095 E. 8 LANE	
3.4 CITY - ST - ZIP	HIALEAH, FLORIDA 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JUAN J. JURADO	
4.3 STREET ADDRESS	15162 S.W. 69 ST	
4.4 CITY - ST - ZIP	MIAMI, FLORIDA 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALVARO ORTUNO	
5.3 STREET ADDRESS	7360 S.W. 82 ST APT E 202	
5.4 CITY - ST - ZIP	MIAMI, FLORIDA 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JESUS DIAZ	
6.3 STREET ADDRESS	5095 E. 8 LANE	
6.4 CITY - ST - ZIP	33013 HIALEAH, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute an admission under 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: *Felix Pacheco* **Felix Pacheco** 6-10-96 305-598 8670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Print #

CR2E034 (3/96)