FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
AMENDED
1996

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

DOCUMENT # P93000051471

1. Corporation Name
SONIC DELIVERY SERVICES, INC.

Principal Place of Business
6911 NW 87 AVENUE
MIAMI, FL 33178
US

Mailing Address
Same

3. Date Incorporated or Qualified: 7/19/93
3a. Date of Last Report: 2/9/96

4. FEI Number: 65-04 22796 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALPIZAR, NAYADE
18168 NW 79 WAY
MIAMI, FL 33015

10. Name and Address of New Registered Agent

81 Name: DONNA REYES
82 Street Address (P.O. Box Number is Not Acceptable): 6911 NW 87 AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33178

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] DONNA REYES, S/D. 4/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		Change ☐ Addition ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALPIZAR, JORGE 18168 NW 79 WAY MIAMI, FL 33015	DELETE ☐	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/T ALPIZAR, JORGE 6911 NW 87 AVENUE MIAMI, FL 33178	Change ☒ Addition ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REYES, MIGUEL 7141 MIAMI LAKES DR #10-12 MIAMI LAKES, FL	DELETE ☒	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		Change ☐ Addition ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PENA, KENNETH 6911 NW 87 AVENUE MIAMI, FL	DELETE ☐	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V PENA, KENNETH 6444 SW 152 CR PL MIAMI, FL 33193	Change ☒ Addition ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYES, DONNA 7231 MIAMI LAKES DR #C-10 MIAMI LAKES, FL	DELETE ☐	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S/D 800001792498 -04/24/96--01047--023 ***61.25	Change ☒ Addition ☐ DCS 4-24-96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE ☐	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		Change ☐ Addition ☐

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JORGE ALPIZAR 4/16/96 305-717-6858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #