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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059122

1. Corporation Name

O.M.S. DELIVERY CORPORATION

May 06, 1999 8:00 am Secretary of State

05-06-1999 90021 012 ***150.00



Principal Place	of Business	Mailing Address			T INDIVIDUAL INDIVIDUAL IN	. Målti affall stift malår a			
 1445 W. FLAGLI	ER ST.	1445 W. FLAGLER ST.							
MIAMI FL 33125		MIAMI FL 33125			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Q				
					08/19/1993	adinou			
2 Dringing Di	one of Business	2a. Mailing Address			4. FEI Number		Apr	olied For	
2. Principal Place of Business		⊢ ″	26		65-0439816		<u> </u>	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			👝	\$8.75 A		
22 ~ ~					5. Certificate of Status De	sired		quired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	8			Trust Fund Contribution Added to Fees			
Zip Country		Zip			8. This corporation owes to	he current year Inta			
24	25	29	30		Personal Property Tax.			□No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of	New Registered A	gent	~	
				81 Name					
	AGA, OSCAR		82 Street Add		Address (P.O. Box Number is Not Acceptable)				
	W. FLAGLER ST.		ľ						
MIAN	AI FL 33125			83					
}			ľ	84 City	<u> </u>		85 Zip C	ode	
						FL			
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Stat	utes, the at	ove-named cor	poration submits this statement	for the purpose of o	changing its	registered pistered	
office of re	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statu	ites.	JOH S BOAIG DI GILECTOIS. I HEICO	y accept the appoin	anora do ros	,	
SIGNATURE									
0.01.011.2	Signature, typed or printed name of registered age			Agent signature requir	ADDITIONS/CHANGES	DATE	NORCE	DC IN 12	8
12.		ND DIRECTORS ☐ DELETE	13.	T	AUDITIONS/CHANGES	10 OFFICERS AND	Change	Addition	CR2E034 (11/98)
TITLE	P	C) pereir	1.1 111				<u></u>		4
NAME	OSCAR, MORAGA S.		1.2 NA						8
STREET ADDRESS	1445 W FLAGLER			REET ADDRESS					
CITY-ST-ZIP	MIAMI FL	□ DELETE	2.1 TR	Y-ST-ZIP			Change	Addition	5
TITLE	T		2.2 NA	\ \				_	
NAME	MORAGA, OSCAR O.	***		REET ADDRESS					
STREET ADDRESS	10350 S.W. 216TH STREET, #	1308						- I	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.1 111	TY-ST-ZIP		· · · · ·	Change	☐ Addition	
TITLE	S TENOCOO JODOC I	C SECTIO	3.2 NA				•		
NAME CTREET ADODESS	TERCERO, JORGE L.	ns.		REET ADDRESS				.]	ĺ
STREET ADDRESS	6300 S.W. 138TH COURT, #2	.00		TY-SI-ZIP					ĺ
CITY-ST-ZIP	MIAMI FL.	☐ DELETE	4.1 TD				Change	Addition	1
NAME			4.2 N	1			-		ĺ
1				REET ADDRESS					ì
STREET ADDRESS				ry-st-zip					ĺ
CITY-ST-ZIP		☐ DELETE	5.1 TF				Change	☐ Addition	ĺ
NAME		_ -	5.2 NA	I .					ĺ
STREET ADDRESS				REET ADDRESS					
			1	TY-ST-ZIP					ĺ
CITY-ST-ZIP		☐ DELETE	6.1 TI		·····		Change	☐ Addition	
NAME		<u>_</u>	6.2 NA	ME				ļ	ĺ
	Section 1			REET ADDRESS					
STREET ADDRESS				TY-ST-ZIP				į	i
CITY-ST-ZIP	2 2		0.7 ()						ı

14. I 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 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, with all other like empowered.

SIGNATURE: