

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000081112 (3)**

1. Corporation Name
EAST & WEST DELIVERY, INC.



Principal Place of Business: 8660 SW 212 ST, 102, MIAMI FL 33189, US
Mailing Address: 8660 SW 212 ST, 102, MIAMI FL 33189, US

3. Date Incorporated or Qualified: 11/24/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0451175
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: 21. 10350 S.W. 216 ST, 22. #205, 23. MIAMI, FL, 24. 33190, 25. DADE
2a. Mailing Address: 26. 10350 S.W. 216 ST, 27. #205, 28. MIAMI, FL, 29. 33190, 30. DADE

9. Name and Address of Current Registered Agent
DAVILA, JORGE A
8660 SW 212 ST
SUITE 102
MIAMI FL 33189

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVILA, JORGE E	
STREET ADDRESS	1860 DOGWOOD DR.	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVILA, SANDRA	
STREET ADDRESS	1860 DOGWOOD DR.	
CITY-ST-ZIP	MARCO ISLAND 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORGE A. DAVILA	
1.3 STREET ADDRESS	10350 S.W. 216 ST #205	
1.4 CITY-ST-ZIP	MIAMI, FL 33190	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANDRA E. DAVILA	
2.3 STREET ADDRESS	10350 S.W. 216 ST #205	
2.4 CITY-ST-ZIP	MIAMI, FL 33190	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, a sole proprietor 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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

(505) 254-1891
Daytime Phone #