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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000081112 (3)

EAST & WEST DELIVERY, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business 10350 SW 216 ST #205 MIAMI FL 33190 US 2. Principal Place of Business 21 Suite, Apt. #. etc.		US 2a. Mailing Address 26	10350 SW 216 ST #205 MIAMI FL 33190-1700 US		3. Date Incorporated or Qualified 11/24/1993 02/01/1996 4. FEI Number Applied For Not Applicable \$8.75 Additional			
22 Suile, Apt.	#. 010	27 Suite, Apt. #, etc	Σ.		5. Certificate of Status Desired		6.75 A Fee Re	
City & State	0	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for I			199.032,
24	25	29	30		Florida Statutes 10. Name and Address of New Re-	Yes N		
	9. Name and Address of Curre	eur Hedisteleg Ageur		81 Name	10. Name and Address of New Re	gistered Age	rit .	
DAVILA, JORGE A 8680 SW 212 ST SUITE 102 MIAMI FL 33189					eet Address (P.O. Box Number is Not Acceptable)			
MIM	WI LF 22 109						1 7	3- J-
				84 City		FL 8	ğ Zip (Code
SIGNATURE. 12. TILE	PD	gent and little if applicable ND DIRECTORS DELET	13.		ired when reinstating) ADDITTIONS/CHANGES TO OFFIC		RECTOR Change	S IN 12
NAME STREET ADDRESS CHY+ST-ZIP	DAVILA, JORGE E 10350 SW 216 ST #205 MIAMI FL		1	ME REET ADDRESS Y+ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST+ZIP	VP DAVILA, SANDRA 10350 SW 218 ST #205 MIAMI FL	☐ DELET	2.2 NA 2.3 ST				Change	Addition
TITLE		DELE1					Change	Addition
NAME			3.2 NA	ME				
STEELT ADDRESS			3.3 ST	REET ADDRESS				
City+S1-ZiP				TY-ST-ZIP		···		
TRILE		☐ DELET	IE 4.1 TII	LE .			Change	Addition
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET ADDRESS	•			
City-St-7iP				Y-\$1-ZIP				
THILE		DELET				Ц	Change	Addition
NAME:			5.2 NA	ME				
STREET ADDRESS			5.3 \$1	REET ADORESS				
CITY - S1 - ZIP				TY-ST-ZIP				
THLE		☐ DELE	TE 6.1 TIT	LE		Ü	Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 \$1	REET ADDRESS				
CHTY+ST-ZIP			6.4 CI	ry-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 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 emowered 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:

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97 (00)254-189/