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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000077359 (5)

JEFFRY'S PICKUP AND DELIVERY, INC.

FILED May 07 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	3			* 1001.000 tie 110 1011 BID11 60111 60111 60111 60111 60011 1600 11161 63110 1611 6001				
7850 NW 56TH MIAMI FL 3316		7850 NW 56TH : MIAM! FL 33166								
						3. Date Incorporated or Qualified 10/21/1994		te of La:	st Report	
	Place of Business	2a. Mailing Add	ress			4. FEI Number			Applied For	
21		26				65-0531771			Not Applicable	
Sulte, Apl. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing		\$5.0	00 May Be	
23		28				Trust Fund Contribution			ed to Fees	
Zip	Country	7ip	n	Country		8. This corporation has liability for i			er s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent		30	<u> 10 </u>		f lorida Statutes Yes No 10. Name and Address of New Registered Agent				
		rent Hegistered Agent	·	81	Name	10, Name and Address of New Re	gistered A	gent		
	MACEDA, MARIA			"	1MGHHQ					
	SW 115 AVE #4 MI FL 33176		82 Stroet A			xiddress (P.O. Box Number is Not Acceptable)				
				83				•		
ı				84	City		FL	85 2	tip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607,1508, Flori late of Florida, Such char oligations of, Section 607	da Statutes, the a nge was authorize .0505, Florida Sta	above ed by atutes	p-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby accept		LLL changir pintment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registering	t are at one terral sonkeat to	(NC) it - keeps for	nd Arve	art Siday dura reday	ired when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIREC1	ORS IN 12	
TITLE	BD	□ i	ELETE 11	TITLE	T T			Chan	ge 🔲 Addition	
NAME	BALMACEDA, MARIA		121	NAME						
STREET ADDRESS	150 SW 115 AVE #4		133	STREET	ADDRESS	•				
CITY-ST-ZiP	MIAMI FL 33176		141	CITY - S	I - 7IP					
TITLE		D	ELFIE 21	1 TLF				Chan	ge Addition	
NAME			221	3MAN						
STREET ADDRESS			23	STREE I	ADDRESS					
CITY-ST-ZIP			2.4	CITY-5	51 - 7(P					
TITLE		g 🖂	ELE1E 31	HILE				Chan	ge 🔲 Addition	
NAME			321	NAME						
STREET ADDRESS			33	STREET	ADDRESS	•				
CITY-ST-ZIP				CHY-S	ii - 71P					
TITLE		□ D	ELETE 4.1°	11118				Chan	ge 🔲 Addition	
NAME			4. 2	N. MI						
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP			4.41	CITY-S	1 - 71P					
TITLE		[]	ELETE 5.1	TITLE				Chan	ge 🔲 Addition	
NAME			5.21	NAME						
STREET ADDRESS			5.33	STRECT	ADDRESS					
CITY-ST-ZIP				CITY-S	T - 7IP					
TITLE			CLFTE 6.1	THLE	1	-		Chan	ge Addition	
NAME			621	NAVE						
STREET ADDRESS			633	STREET	ADDRESS					
CITY-ST-ZIP			646	CHIYES	F- ZIP					

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 arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the concertion 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 at if changes of on an attachment with an address.