

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000080082 (8)**

1. Corporation Name

A & M DELIVERY SERVICE COTP.

Principal Place of Business

**8615 SW 47TH STREET
MIAMI FL 33155**

Mailing Address

**8615 SW 47TH STREET
MIAMI FL 33155**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**ISLA, ADELA
8615 SW 47TH STREET
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

03/27/1995

4. FEI Number

65-0533761

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0607 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

11.1 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.7 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.8 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Modesto Funez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/96 305-554637V
Date of Filing

CR2E034 (12/95)