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FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000013957 (2)

1. Corporation Name  
ALBERT DELIVERY, INC.

Principal Place of Business

900 WEST 32ND STREET  
HIALEAH FL 33012

Mailing Address

900 WEST 32ND STREET  
HIALEAH FL 33012-5040



3. Date Incorporated or Qualified  
02/20/1995

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
65-0573044

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

9. Name and Address of Current Registered Agent

ALBERT, GERVASIO  
900 WEST 32ND STREET  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature of type of person or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
ALBERT, GERVASIO  
900 WEST 32ND ST.  
HIALEAH FL 33012

1.2 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

1.3 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

1.4 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

1.5 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

1.6 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PRESIDENT / DIRECTOR  
GERVASIO ALBERT  
900 WEST 32 STREET  
HIALEAH, FL. 33012  
☒ Change ☐ Addition

2.1 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

3.1 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

4.1 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

5.1 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

6.1 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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 is based 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.

SIGNATURE:

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERVASIO ALBERT 2-27-97 305-823-2460

PRESIDENT/DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)