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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000062026 (6)**

1. Corporation Name

DELICIOUS DELIVERY SERVICE INC.

Principal Place of Business	Mailing Address
2501 E COMMERCIAL BLVD #201 FT LAUDERDALE FL 33308	2501 E COMMERCIAL BLVD #201 FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 08/10/1995
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0604600 ☐ 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

GOEBEL, SIMONE
2501 E COMMERCIAL BLVD
#201
FT LAUDERDALE FL 33308

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 607.1506, 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, typed or printed name of registered agent) (Title, if Registered Agent is an officer or employee of corporation) DATE

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☑ Addition
TITLE	P		11 TITLE	V	
NAME	SIMONE GOEBEL		12 NAME	CAESAR SIMKIN	
STREET ADDRESS	6311 NE 20 TERR		13 STREET ADDRESS	EMEK AYLON 14	
CITY-ST-ZIP	FTLAUD FL 33308		14 CITY-ST-ZIP	GIVAT ZEV, ISREAL	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DORON SIMKIN		22 NAME		
STREET ADDRESS	6311 NE 20 TERR		23 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL 33308		24 CITY-ST-ZIP		
TITLE	V	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MANFRIED GRUTIEWIESCHEN		32 NAME		
STREET ADDRESS	2905 LAKESHORIE BLVD		33 STREET ADDRESS		
CITY-ST-ZIP	ETOBICOKE ONT CANADA		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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)(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 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 added to the report.

SIGNATURE: Simone Goebel 4/29/96 954-772-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #