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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90056 008 ***150.00

AVIN DE	LIVERY SERVICES, INC.				
Principal Plac	e of Business	Mailing Address			E IDESTORATION TON RESET MENT ABILIT ABILIT ABILIT ABILIT ABILIT ABILIT ABILIT ABILITADE.
10120 NW 25	STREET	10120 NW 25 STREET			
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026					DO NOT WOLF IN THE STAFF
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			Country 30 1 81 Name 82 Street Address 83 84 City Statutes, the above-named corporatives authorized by the corporation's Florida Statutes. (NOTE: Registered Agent signature required when the corporation's provided by the corporation's pro		3. Date Incorporated or Qualifed 10/20/1995
<u> </u>	(D)	2a. Mailing Address	_		4. FEI Number Applied For
	Place of Business	}			65-0614461 Not Applicable
21 Suite, Apt.	# ata	Suite, Apt. #, etc.		_	\$8.75 Additional
	27	, pt. 11, oto.		5. Certificate of Status Desired Fee Required	
22			· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing S5.00 May Be
23 28 28					Trust Fund Contribution Added to Fees
Zip Country Zip					
24	25	├ ── '	30		Personal Property Tax.
	9. Name and Address of Current				10. Name and Address of New Registered Agent
			8	Name	•
	I, SHAUL		8	Street 4	t Address (P.O. Box Number is Not Acceptable)
	20 NW 25 STREET		"	. Olleger	t Address (1.0. Dok Hamber is Not Asseptation)
PEM	IBROKE PINES FL 33026		83	3	
	•		<u>-</u>	0.5	85 Zip Code
-	· ·		64	City	FL 25 2000
SIGNATURE	Signature, typed or printed name of registered agen			ent signature re	
12.	OFFICERS AN				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	DPST	☐ DELETE	1	ļ	Change C Addition
NAME	AVIN, SHAUL			í	
STREET ADDRESS					3
CITY-ST-ZIP	PEMBROKE PINES FL 33026	DELETE .			Change Addition
TITLE	- مىيىدىنىدىن ئەرىرى بىلىشتىتىدىنىدىن	Thereis.			The second of th
NAME	-				
STREET ADDRESS	<u> </u>			- 1	3
CITY-ST-ZIP		☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	Change Addition
TITLE			3.2 NAME	į	
NAME				ET ADDRESS	•
STREET ADDRESS			3.4. CITY-	- 1	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	31-4F	☐ Change ☐ Addition
		<u> </u>	4. 2 NAME	.	
NAME STREET ADDRESS	1.		1	T ADDRESS	s
			4.4 CITY-	{	
CITY-ST-ZIP TITLE	 	☐ DELETE	5.1 TITLE	51-21	☐ Change ☐ Addition
NAME	,		5.2 NAME		
STREET ADDRESS			5.3 STRE	ET ADDRESS	s
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	· ·
me		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	}	
STREET ADDRESS	·		6.3 STRE	ET ADDRESS	s
JINEE! MUUNCOO	Ί		GACITY	- 1	

14. I 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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATORE AND TYPED OR EBINTED NAME OF SIGNING OFFICER OR DIRECTOR REGUIRED