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 # P9600008307 (6)

BAO SPEEDY DELIVERY, INC.

Principal	Place of	Business
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Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



1420 N.W. 26 AVENUE Miami Fl 33125		1420 N.W. 26 AVENUE Miami Fl 33125-2130							
					3. Date Incorporated or Qualified 01/26/1996	3a. Dat	le of Last Re	eport	1
2. Principal Pi	ace of Business	2a. Mailing Address	•		A ECI Number	100	Ap	plied For	1
21		26			65-0652	687		t Applicable]
Suite, Apt. #, etc.		27	\$ \$		5. Certificate of Status Desired	Status Desired \$8.75 Additional Fee Required			
City & State		City & State	······································		6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees				
23 Zip	Country	7ip	Country						-
24	25	Pr. 5 Pr. 1	30	,	This corporation has liability for Florida Statutes	Yes		199.032,	
	9. Name and Address of Cure		1		10. Name and Address of New R				1
OLIV	ÆIRA, BERTO A		8-	Name A	PERTO OliVERO	 }.			
	N.W. 26 AVENUE		8:	Street Add	Press (P.O. Box Number is Not Accents	hlo)a			1
MA	MI FL 33125		8:		420 NW 26	Hier	ive		4
			8.	'	Miami, FZ 3	3125			
			84	City	41'0'	EI	85 Zip (3125	1
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statute	es, the abor	ve-named cor	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	purpose of	changing its	s registered	
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flo	rida Statute	os.	and the board of t	the min calabra	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.09.0.00	
SIGNATURE	Signature, typed or printed name of trep stered	agent and fille if applicable (NOSI	Fir gistered A	gert's guature requ	uired when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRFCTOR	S IN 12	Íŝ
TITLE	D	DELETE	1.1 TITLE		President Berto Olivera		_i~hange	Addition	90/0/
NAME	OLIVEIRA, BERTO		1.2 NAM5	()	berto Olivera				12
STREET ADDRESS	1420 N.W. 28 AVENUE		1.3 STREE	I ADDRESS	1420 NW 26 QI MIAMI , FZ 33	ie,			Ĭ
CITY-ST-ZIP	MIAMI FL 33125	Double	1.4 C(1)	\$1 - 7(P	MIAMI , 12 33	123	Obenes	T Address	ģ
TITLE		DETELE	2.1 11111	ļ	•	·	Change	Addition	`
NAME Street address			2.2 NAM6	i					
CITY-ST-ZIP			2.3 STREE	I ADDRESS					
TITLE		DILLETE	3.1 TITE	-31-71			Change	Addition	1
NAME			3.2 NAMI			•	_	_	1
STREET ADDRESS			3.3 STREE	1 ADDRESS					
CITY-ST-ZIP			3.4. CITY	-ST- Z IP					
TITLE		DETETE	4.1 TITLE				Change	Addition	1
NAME			4. 2 NAM						
STREET ADDRESS			4.3 \$1RE	1 ADDRESS					
CITY-ST-ZIP	<u> </u>		4.4 CITY	\$1-ZIP					
TITLE		☐ DELETE	5.1 1111 €			ļ	Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			1	1 ADDRESS					1
CITY-ST-ZIP	<u> </u>	DELETE	5 4 CITY	SI-ZIP			Change	Addition	-
TITLE		□ Direct	6 1 TITLE			I		ר"ו אסמוווטנו	
NAME	1 to		6.2 NAME						
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP			G4CITY	21-4H					1

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 annual 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 consecution or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 I changed, or on an attachment with an address.