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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000098656 (7)

SONIC DELIVERY SERVICES & ASSOCIATES, INC.

FILED Apr 28 1998 8:00am Secretary of State

001110	DEGITE III OLITTOLO & AO	ocolareo, inc.			## 18 #10 6 181 18#1 1 1118 6 111 6 111
Principal Place	e of Business	Mailing Address		1 (80)(88)) 310 30)(3 B)(() B0)(() 00)(() 61	ALI BBIND NAMAT DATA ARTON ATUKA DUM 1881
6911 NW 871	TH AVE	6911 NW 87TH AVE			
MIAMI FL 33		MIAMI FL 33178		DO NOT INDITE	IN THE COACE
				3. Date Incorporated or Qualified	IN THIS SPACE
				12/06/1996	
2. Principal P	lace of Business	26. Mailing Address	······································	4. FEI Number	Applied For
21 690	INN BT AVE	26 GOINW	87 AVE	65-0711418	Not Applicable
Suite, Apt.		Suite Apt # etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23 MIA		City & State M/ AMI	A	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
- 42	Country	-2º110	Country	8. This corporation owes or has pa	id the current year Intangible
24 271	18 25 USA	29 3 17 8	30 USA	Personal Property Tax due June	
	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	NA, MILENA		Name		
6911 NW 87TH AVE 82 Street Address				ess (P.O. Box Number is Not Acceptal	19/15
MU	AMI FL 33178		83	I NW 8 MUEN	<i>ye</i>
•			84 City 101	100 L	FL 85 33778
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es, the above-named corp	poration submits this statement for the c	
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 régistered 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 agen	and title it applicable (NO1	E: Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	ALPIZAR, JORGE A		1.2 NAME		
STREET ADDRESS	6911 NW 87TH AVE		1.3 STREET ADDRESS		·
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PENA, KENNETH J		2.2 NAME		
STREET ADDRESS	6911 NW 87TH AVE		2.3 STREET ADDRESS		
CITY-ST-2IP	MIAMI FL 33178	Printe	2. 4 CITY-ST-ZIP		Change
TITLE	SD SCALA AND EALA	☐ DELETÉ	3.1 TITLE 3.2 NAME		L Change L Addition
NAME ATTREET ADDRESS	PENA, MILENA				·
STREET ADDRESS	6911 NW 87TH AVE MIAMI FL 33178		3.3 STREET ADDRESS		
CITY-ST-ZIP	VD	DELETÉ	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	T APIA, GUILLERMO A		4. 2 NAME		
STREET ADDRESS	6911 NW 87TH AVE		4.3 STREET ADDRESS		
CITY+ST-ZIP	MIAMI FL 33178		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby of indicated	certify that the information supplied wit	to this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I re shall have the same legal effect as if	further certify that the information
officer or o	director of the corporation or the recei or Block 13 if changed, or on an attack	ver or trustee empower ed t o-	execute this report as requ	uired by Chapter 607, Florida Statutes;	and that my name appears in