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

PROFIT CORPORATION ANNUAL REPORT

1998

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

AMENDMENT

FILED
98 JUN 15 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098656

1. Corporation Name

Sonic Delivery Services & Associates, Inc.

Principal Place of Business
6901 NW 87 Avenue
Miami, FL 33178

Mailing Address
6901 NW 87 Avenue
Miami, FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6901 NW 87 Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip 24 33178
Country 25 USA

2a. Mailing Address
26 6901 NW 87 Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip 29 33178
Country 30 USA

3. Date Incorporated or Qualified
12-6-96

4. FEI Number
65-0711418 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Pena, Milena
6901 NW 87 Avenue
Miami, FL 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

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-06/13/98--01073--007
*****61.25 *****61.25

11. Pursuant to the provisions of Section 607.0505 or 607.1808, 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. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of my position as registered agent as provided for in Chapter 607, Florida Statutes.

SIGNATURE: Jorge A. Alpizar, Pres. DATE 6/8/98

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD ☒ Change ☐ Addition
12 NAME	Alpizar, Jorge A.
13 STREET ADDRESS	6901 NW 87 Avenu
14 CITY-ST ZIP	Miami, FL 33178
21 TITLE	VD ☒ Change ☐ Addition
22 NAME	Pena, Kenneth J.
23 STREET ADDRESS	6901 NW 87 Avenu
24 CITY-ST ZIP	Miami, FL 33178
31 TITLE	SD ☒ Change ☐ Addition
32 NAME	Pena, Milena
33 STREET ADDRESS	6901 NW 87 Avenue
34 CITY-ST ZIP	Miami, FL 33178
41 TITLE	VD ☒ Change ☐ Addition
42 NAME	Tapia, Guillermo A.
43 STREET ADDRESS	6901 NW 87 Avenue
44 CITY-ST ZIP	Miami, FL 33178
51 TITLE	SD ☐ Change ☒ Addition
52 NAME	Alpizar, Liset
53 STREET ADDRESS	6901 NW 87 Avenue
54 CITY-ST ZIP	Miami, FL 33178
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST ZIP	

JUN 17 1998

14. I hereby certify that the information indicated on this report or supplemental 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 other legal entity required to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Part I, 12 or 13 of this report or on any attached additional pages.

SIGNATURE: Jorge A. Alpizar, Pres. 6/8/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (10/97)