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

PROFIT CORPORATION **ANNUAL REPORT** 1998



Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 11 1998 8:00am Secretary of State

1	MENT # P970 DELIVERY IN DADE, INC.		)	
Principal Place of Business Mailing Address				: 10911001 ELE 10111 10011 09111 60111 00111 01101 15016 ELDÓL DITA OLITA OLITA DITA
8450 SW 24 ST. Miami Fl 33155		8450 SW 24 ST. Miami Fl 33155		
mirani i E 00	•••	minmi i C doigg		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 02/14/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0819936 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution € □ Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the current year Intergible
24	25	29	30	Personal Property Tax due June 30.  Yes XNo
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Name and Address of New Registered Agent				
OUINTANA, ALBERTO 8450 SW 24 ST. MIAMI FL 23155  81 Nam Tural Company of the Comp				
	( )		84 City	MIGINI MA FL 85 33755
11. Pursuant to the privisions of Sections 607,0502 and 607,0508, Florida Statutes, the above-named corporation statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida Supris change was authorized by the corporation's board in organizations. I hereby accept the appointment as registered agent, and accept the objections of Section 607,0505, Florida Statutes.				
SIGNATURE	Signature, broad or printed remain of registere	agent and by applicable (NC	OIL : ingistered Agent signific	required how lengthing) DATE
12.	OFFICERS		13.	ADMITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OUTSTAND	DELETE	1.1 TITLE	True Compas Isazarez Addition
NAME	QUINTANA, ALBERTO 8450-SW 24 ST.	•	1.2 NAME	1150 50 24 St.
STREET ADDRESS CITY-ST-ZIP	-MAMI FL 33155		1.3 STREET ADDRESS	MIAMI H. 33155
TITLE	- 1111 4111 7 2 00 100	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME		_	2.2 NAME	Of Marganta consules.
STREET ADDRESS			2.3 STREET ADDRESS	13601 SW 20 ST
CITY - ST - ZIP			2 4 CITY-ST-ZIP	K10001 814-33175
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	į
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		Donestr	3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME	
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		<del></del>	5.2 NAME	para antengra band (Maritan)
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	partifu that the information	huith this filing class not accet?	6.4 CITY-ST-ZIP	d in Caption 440 07/20/3 Fileda State of finish and all the state of
indicated officer or o	on this annual report of supplied director of the corporation or the r	o with this hirig does not qualify intal arinual report is true and ac eceiver or trustee empowered to	curate and that my sig execute this report as	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the harm legal affect as if made under oath; that I am an required by Chaple 607, Florida Statutes; and that my name appears in