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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90099 012 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000001285

1. Corporation Name

LARROSA DELIVERS DELIVERIES CORPORATION

Principal Place of Business

420 SW 28TH RD
MIAMI FL 33129

Mailing Address

420 SW 28TH RD
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

650812169

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 the current year Intangible Personal Property Tax.

☐ Yes☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 P.O. BOX 357034

Suite, Apt. #, etc.

2a. Mailing Address

26 14721 NE 3ave

Suite, Apt. #, etc.

22 City & State

23 Miami FL

27 City & State

28 Miami FL

24 Zip

25 33255

Country

26 USA

29 Zip

30 33161

Country

31 USA

9. Name and Address of Current Registered Agent

LARROSA, JUAN CARLOS
420 SW 28TH RD
MIAMI FL 33129

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. MIAMI FL 33129

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an appointment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS 3-4-99

Date

305-3384488

Daytime Phone #

CR2E034 (1/88)