FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 06, 2000 8:00 am PROFIT FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 06-06-2000 90487 026 ***150.00 2000 DIVISION OF CORPORATIONS P 98 000001285 DOCUMENT # LARROSA DELIVERS DELIVERIES Conformation 853472 Principal Place of Business 905 E 20 ST 905 E 20 ST Haleah, FL 33013 Higher FC 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 65-0812169 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Juan Carbs Lannsa Street Address (P.O. Box Number is Not Acceptable) 82 905 E 20 ST Haleah, Fi 33013. 84 City 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE JUAN Carlos LarnosA 1 1 TITLE Change Addition 12 NAME 20 5T STREET ADDRESS 13 STREET ADDRESS Hialeah 330/3 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Addition Change NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP THIE DELETE Addition 3.1 TITLE Change 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 City-St-ZIP TITLE DELETE 41 TITLE Addition Change HAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY -ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE Addition 5.1 TITLE Change MAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP THILE DELETE Addition 6.1 BILE Change NAME

14. Thereby 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 supplied enter a sit made under oath; that I am an officer or director of the corporation of the eceiver 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 for an attachment with an address

5.2 NAME

5 3 STREET ADDRESS 6 4 CITY-ST-ZIP

SIGNATURE: 조

STREET ADDRESS

TURN Carbis Land 9

4/27/00

Day on Physics