

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90174 021 \*\*\*150.00

DOCUMENT # P98000087459

1. Corporation Name  
DELIVERIES EXPRESS, INC.

Principal Place of Business  
2130 WEST 68TH STREET  
HIALEAH FL 33016

Mailing Address  
2130 WEST 68TH STREET  
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/13/1998

4. FEI Number  
65-0870016

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

2. Principal Place of Business  
21 8250 SW 40th Street

2a. Mailing Address  
26 8250 SW 40th Street

Suite, Apt. #, etc.  
22 Miami, FL

Suite, Apt. #, etc.  
27

City & State  
23

City & State  
28 Miami, FL

Zip  
24 33155

Country  
25 DAD

9. Name and Address of Current Registered Agent  
TRIMINO, JAMILET  
2130 WEST 68TH STREET  
HIALEAH FL 33016

Zip  
29 33155

10. Name and Address of New Registered Agent  
81 Name JAMILET TRIMINO

82 Street Address (P.O. Box Number is Not Acceptable)  
8250 SW 40th Street

83

84 City miami FL 85 Zip Code 33155

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

TITLE D ☐ DELETE  
NAME TRIMINO, JAMILET  
STREET ADDRESS 9121 S.W. 69TH STREET  
CITY-ST-ZIP MIAMI FL 33016

TITLE D ☒ DELETE  
NAME VALDES, RICHARD  
STREET ADDRESS 15543 SW 71ST ST  
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Vice. President ☒ Change ☒ Addition  
2.2 NAME Rolando Valdes  
2.3 STREET ADDRESS 9121 SW 69th  
2.4 CITY-ST-ZIP miami, FL 33155

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

305-553-2088

Daytime Phone #

CR2E034 (11/98)