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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000101574

1. Corporation Name

RA DELIVERY, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90159 006 ***150.00

		and the state of the	1861) BIRD (88)

B										
Principal Plac		Mailing								
S012 NW 119TH TERR. 9012 NW 119TH TERR. HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018										Ì
HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018					DO NOT WRITE IN THIS SPA			S SPACE		
							3. Date Incorporated or Qualifed 12/02/1998			} -;
2. Principal F	Place of Business	2a. Ma	2a. Mailing Address				4. FEI Number 65-088/620	/	Applied For	1
21			26				65-088/620		Not Applicable]
Suite, Apt.	#, etc.	Sui 27	Suite, Apt. #, etc.			,	5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	te	Cit	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution	Added	d to Fees	┧.
Zip	Country	Zip	Zip C				8. This corporation owes the current year Intangible		•	١.
24	25	29	36	0			Personal Property Tax.	☐ Yes	No] ;
	9. Name and Address of Curre	nt Registere	d Agent		04	Name	10. Name and Address of New Registere	d Agent		-
ALVA	RADO, RUDIYER A				81	Name			-	1
	NW 119TH TERR.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
1	EAH GARDENS FL 33018				83					- }
11012	341 (44)211012 (44)				63					1
ĺ	_				84	City	E	85 Zir	Code	1
144 Pursuant	to the provisions of Sections 607.05	02 and 607 1	508 Florida Statutas	the a	bove.	named corne	pration submits this statement for the purpose		ts registered	-
office or r	egistered agent, or both, in the State	of Florida. S	uch change was auth	norized	by t	he corporation	n's board of directors. I hereby accept the app	ointment as	registered	
agent. I a	m familiar with, and accept the oblig	ations of, Sec	tion 607.0505, Florid	a Stati	utes.		•			
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if anni	cable (NOTE R	enistered	Anent	signature required	when reinstating) DATE			1
12.	OFFICERS A			13.	r igo.ii	0.9	ADDITIONS/CHANGES TO OFFICERS /	ND DIRECT	ORS IN 12	(11/98)
TITLE	D		☐ DELETE	1.1 TI	LE .			Change		1 =
NAME			1.2 N/4	1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS 9012 NW 119TH TERR.			•						8	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018			1.4 CF	TY-ST-	ZIP				CR2E034
TITLE			☐ DELETE	2.1 ∏	LE			☐ Change	Addition] 고
NAME				2.2 NA	ME					1
STREET ADDRESS				2.3 ST	REET	ADDRESS				1
CITY-ST-ZIP				2. 4 CI	TY-ST	-ZIP				
TITLE		· 	☐ DELETE	3.1 711	ĩΕ			Change	Addition	
NAME				3.2 NA	ME					1
STREET ADDRESS				3.3 ST	REET!	ADDRESS			_	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			3.4. CI		-ZIP		<u></u>	<u> ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔</u>	
TITLE			DELETE	[4.1-स्म				Change	Addition	
NAME				4. 2 N	AME					
STREET ADDRESS			20.0	4.3 ST	REET /	ADDRESS		-		
CITY-ST-ZIP			> <u>> </u>	4.4 CI		ZIP				1
TITLE			☐ DELETE	5.1 TIT				☐ Change	Addition	
NAME :				5.2 NA		400DE00				}
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP			[] no ere	5.4 CII		ur		Charan	Addition	1
TITLE			☐ DELETE	6.2 NA			,	Change	Addition	1
NAME						MODES				1
STREET ADDRESS			6.3 STREET A							
CITY-ST-ZIP	I	\sim		0,4 CI	11-31-	· 412				1

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 suppliemental 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 of the receiver of 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 an an accordant with an address, with all other like empowered.

SIGNATURE: