

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V29867 (1)
1. Corporation Name
DA COSTA'S DELIVERY SERVICE, INC.

Principal Place of Business 1420 NORTH 70TH WAY HOLLYWOOD FL 33024	Mailing Address 1420 NORTH 70TH WAY HOLLYWOOD FL 33024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 04/20/1992	
29		30		4. FEI Number 65-0328348	
31		32		Applied For Not Applicable	
33		34		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
35		36		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
37		38		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DACOSTA, ALLAN D. 1420 NORTH 70TH WAY HOLLYWOOD FL 33024				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85				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)

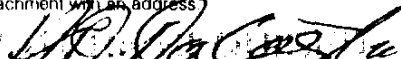
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1420 NORTH 70TH WAY	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	HGOLLYWOOD FL	2.1 TITLE	2.2 NAME
TITLE	D	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	DACOSTA, ALLAN D.	3.1 TITLE	3.2 NAME
STREET ADDRESS	1420 NORTH 70TH WAY	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	HGOLLYWOOD FL	4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME		5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
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.

SIGNATURE:





4/27/98

CR2E034 (10/97)