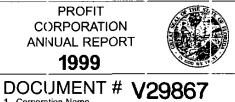
PROFIT CORPORATION ANNUAL REPORT

1999

DA COSTA'S DELIVERY SERVICE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secret my of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90143 042 ***150.00



Principal Piace		Mailing Address	iling Address D NORTH 70TH WAY							
1420 NORTH 70TH WAY HOLLYWOOD FL 33024		HOLLYWOOD FL 33024			DO NOT	MONTO IN TUIC	CDACE			
						3. Date Incorporated or Qua	WRITE IN THIS	SPACE	-	1
						04/20/1992	med			(
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Ap	plied For		
21		26				65-0328348		No	t Applicable	
Suite, Ant. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status		ed 🔲	\$8.757		
22		27						Fee Required		
City & State		City & State				Election Campaign Finan Trust Fund Contribution	cing	\$5.00 Added t		
Zip Cour try		28 Zip	Cour	Country		This corporation owes the current year				
24	25	29	30			Persor al Property Tax.	dan one your m	Yes	, <u>⊼</u> No	
	9. Name and Address of Currer		100			10. Name and Address of N	ew Registere d	Agent		
				81	Name					
DACOSTA, ALLAN D. 1420 NORTH 70TH WAY			ŀ	82	Street Ad	dress (P.O. Box Number is Not Ad	ceptable)			
HOLLYWOOD FL 33024										(
HUL	L1WOOD FL 33024			83						
			Ì	84	City		FL	85 Zip (Code	{
office ∈r n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	cf Florida. Such change was trons of, Section 607.0505, Fl	authorized orida Statu	by th	ne corpora	red when remstating)	accept the appo	intment as re	gistered	á
		ID DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	00/
TITLE	PST	☐ DELETE	1.1 TIT	1.1 TITLE				Change	☐ Addition	/11/08
NAME	DACOSTA, ALLAN D.		1.2 NA	1.2 NAME					!	7
STREET ADDRESS	1420 NORTH 70TH WAY		1.3 STF	REETA	ADDRESS					2E034
CITY-ST-ZIP	HGOLLYWOOD FL		1.4 CIT	Y-ST-	ZIP .					è
TITLE	D	☐ DELETE	2.1 TIT	LE				Change	Addition	
NAME	DACOSTA, ALLAN D.		2 2 NA							
STREET ADDRESS	1420 NORTH 70TH WAY -	. ~-			ADDRESS'					
CITY-ST-ZIP	HGOLLYWOOD FL	DELETE		2.4 CITY-ST- 31 TITLE				Change	Addition	1
TITLE NAME		Doctric		3.2 NAME						
STREET ADDRESS			3.3 STREE		ADDRESS					
CITY-ST-ZIP			3.3 STRE							
TITLE		☐ DELETE	4.1 TIT					Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 ST	REETA	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					-
TITLE		☐ DELETE	5 1 TIT)			Change	Addition	l
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CIT 6.1 TIT		ZIP			Change	Addition	1
TITLE		ביי טבובוב	6.2 NA					\$tilange		
NAME STREET ADDRESS					ADDRE\$\$					

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 changes, or on an attact ment and address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ING OFFICE ? OR DIRECTOR