## 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 # **V54405**

1. Corporation Name RICO DELIVERY SERVICE, INC.				
Principal Place of Business	Mailing Address			
2135 SW 76TH AVE MIAMI FL 33155	2135 SW 76TH AVE MIAM! FL 33155		DO NOT WRITE IN TH  3. Date Incorporated or Qualifed  07/31/1992	IIS SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
26			65-0356203	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible .
24 25	29	30	Personal Property Tax.	. ☐ Yes ☐ No
9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Register	ed Agent
COLLAZO, RICARDO 2135 SW 76TH AVE MIAMI FL 33155		81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code		
Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the ob SIGNATURE    Signature, typed or printed name of registered	ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	horized by the corporati	on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE DP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME COLLAZO, RICARDO	<del>_</del> <del>-</del>	1.2 NAME		<u> </u>
STREET ADDRESS 2135 SW 76TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP		
TITLE VP	☐ DELETE	2.1 TITLE		Change Addition
NAME COLLAZO, ESTHER		2.2 NAME	•	•
STREET ADDRESS 2135 S.W. 76TH AVE.		2.3 STREET ADDRESS	•	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
Nue	_ 5ccc1c	3.7 IIILE		

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 13 if changed; or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

☐ DELETE

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICENOR DIRECTOR

) 1/34/99 3

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90015 001 \*\*\*158.75

305-360-6 Daytime Phone #

Change

Change

K2E034 (11/98)

Addition

Addition