

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000066161 (9)**

1. Corporation Name  
**DELCOP, INC.**



Principal Place of Business  
**12991 SW 132ND COURT  
MIAMI FL 33186  
US**

Mailing Address  
**12991 SW 132ND COURT  
MIAMI FL 33186  
US**

3. Date Incorporated or Qualified  
**09/22/1993**

3a. Date of Last Report  
**05/10/1995**

2. Principal Place of Business  
21 **7661 N.W. 68th St.**

2a. Mailing Address  
26 **7661 N.W. 68th St.**

4. FEI Number  
**64-0437695**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.  
**Unit 115**

27 Suite, Apt. #, etc.  
**Unit 115**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**Miami, FL**

28 City & State  
**Miami, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip  
**33166**

25 Country

29 Zip  
**33166**

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ANDRADE, LUIS  
5511 LAKESIDE DR  
SUITE 206  
MARGATE FL 33063**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code  
**FL**

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 re-stating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DE LUCA, CARMELO	
STREET ADDRESS	13260 SW 131ST ST APT 120	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DE LUCA, VICENTE	
STREET ADDRESS	13260 SW 131ST ST APT 120	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DE LUCA, CARMINI	
STREET ADDRESS	13260 SW 131ST ST APT 120	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DE LUCA, ERNESTO	
STREET ADDRESS	13260 SW 131ST ST APT 120	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Carmelo de Luca*

**Carmelo de Luca**

**(305) 889-1191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)