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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000066161 (9)

DELCOP.	, INC.								
Principal Piace	of Pusiness	N	lailing Address		***	I (ODI(COL HIL IBIOL LINK BONI BONI BONI ODNI	H DONA BIFT	UMBH INDIO O	
7661 N.W. 68TH	I ST.	7	861 N.W. 68TH ST.						
UNIT 115	·	U	NIT 115						
MIAMI FL 33166	3		MAMI FL 33168-2850				1	<del></del>	D
US		U	IS			3. Date Incorporated or Qualified 09/22/1993		te of Last <b>22/1996</b>	
2. Principal Pia	ice of Business	20	. Mailing Address			4. FEI Number			Applied For
<u>ו</u>		26				64-0437695		T I	lot Applicable
Suite, Apt. #	, <b>e</b> le		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
2		27							Required
City & State		ļ	City & State			6. Election Campaign Financing			May Be
3   Z(p)	Country	28	Ζιρ	Cour	ntru	Trust Fund Contribution			to Fees
4]	25]	29	دباب ا	30	,	8. This corporation has liability for Elorida Statutes	intangible ] Yes <b>[</b>		8. 199.032,
<u> </u>	9. Name and Address of		stered Agent	1301	<del></del>	10. Name and Address of New Re			
ANIN	RADE, LUIS				81 Name	The state of the s	<del></del>	<del></del>	······································
	LAKESIDE DR				82 Street Add	trees (D.O. Boy Number is Not Assessed	via)		
	E 206				29 Ea	fress (P.O. Box Number is Not Acceptates Sheridan St., Apt.	103		
	GATE FL 33063			Ī	83			<del></del>	
				}	84 City			er Zie	Codo
					84 City Dania	1	FL	85 Zig	3004
	gistered agent, or both, in rfamiliar with, and accept	the State of Flor the obligations of	ida. Such change war of: Section 607.0505, I	s authorized Florida Statu	l by the corpora des.	poration submits this statement for the particular to the part of directors. I hereby acception's board of directors and the particular to	ot the app	Omprhenta	is registered
SIGNATUHE s	lignature, typied or printed nation of re		e if applicable (N			ition's board of directors. I hereby acceptive when reinstaing)  ADDITIONS/CHANGES TO OFFICE	DATE		
SIGNATURE s	OFFICE OP	egistored agent and In	e if applicable (N	O1E: Registered	Agent signature requ	when reinstaling)	DATE		DRS IN 12
SIGNATURE s	OFFIC DP DE LUCA, CARMELO	egistozed agent and lin DERS AND DIRE	le if applicable (N CTORS	O1E: Registered	Agent signature requ	when reinstaling)	DATE	DIRECTO	DRS IN 12
SIGNATURE S 12. THE NAME	OFFIC DP DE LUCA, CARMELO 13260 SW 131ST ST	egistozed agent and lin DERS AND DIRE	le if applicable (N CTORS	016: Registered 13. 1.1 TIT 1.2 NA	Agent signature requ	when reinstaling)	DATE	DIRECTO	DRS IN 12
SIGNATUHE  TO STAND SIGNATUHE  NAME  SIREH ADDRESS  DITY-ST-ZP	OFFIC DP DE LUCA, CARMELO 13260 SW 131ST ST MIAMI FL 33186	egistozed agent and lin DERS AND DIRE	e if applicable (N CTORS DELETE	OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STF	Agent signature required to the signature requirement of the signature req	when reinstaling)	DATE	DIRECTO Change	DRS IN 12 Addition
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SIGNATURE:

Campa Ja Jan 1 CA Native Do De Luca

(305) 889-1191

Daytime Phone

**FILED** 

Apr 29 1997 8:00am

Secretary of State