

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

FILED

Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000094336 (1)**

1. Corporation Name

**D.L.S. MANAGEMENT, INC.**



Principal Place of Business

**2635 WEST 81ST ST.  
HIALEAH FL 33016**

Mailing Address

**2635 WEST 81ST ST.  
HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/13/1995**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**65-0630845**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

**Yes**

☐

**No**

9. Name and Address of Current Registered Agent

**WOLFSON, DAVID A  
15321 S. DIXIE HIGHWAY  
#209  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PTD  
DE LA SIERRA, WILLIAM  
2635 WEST 81ST ST.  
HIALEAH FL 33016**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD  
DE LA SIERRA, RAUL  
2635 WEST 81ST ST.  
HIALEAH FL 33016**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

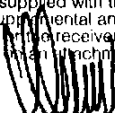
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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, 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 if a new appointment with an address.

SIGNATURE:



**William De La Sierra**  
President

**3/4/98**

**305-821-1085**

CR2E034 (10/97)