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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000020139 (7)

A DELGADO REALTY GROUP, INC.

Mailing Address

FILED Jun 18 1997 8:00am Secretary of State



807 E BLUE HEROM BLVD RIVIERA BEACH FL 33404		207 E BLUE HERON BLVD RIVIERA BEACH FL 33404-4561						
					3. Date Incorporated or Qualified 03/04/1996	3a. Date of Las	l Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26	26		65-0652835	· ·	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				S8 75 Additional		
22		27	27		5. Certificate of Status Desired	Fee Required		
City & State	е	Cily & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in	tangible tax unde	r s. 199.032,	
24	25				Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	stered Agent		
	GADO, ANNIE		8	1 Name				
207 E BLUE HERON BLVD RIMERA BEACH FL 33404			6	2 Street Ade	t Address (P.O. Box Number is Not Acceptable)			
, rykyli	ENA DEMON PL 30404		8	3				
			8	4 City			ip Code	
				'		FL	•	
l 10 Office of r	to the provisions of Sections 607.0: egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was au	ithorized .	hy the coroor:	rporation submits this statement for the po ation's board of directors. I hereby accep	rpose of changing the appointment) its registered as registered	
_	in raminar wills, and accopt the obt	gations of, section our toods, Flor	iua Statui	es.				
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (NOTE:	Registered /	gent signature req	uired when reinstating)	DATE		
12.	OFFICERS A	ERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE			☐ Chang	e 🔲 Addition	
NAME	ANNIE MARIE DE	LGADO	1.2 NAM	E				
STREET ADDRESS	8 2001 BOMAR DR # 4		1.3 S1RE	ET ADDRESS				
CITY-ST-ZIP	PALM BEACK GA	edens, Fl. 33410	1.4 CITY	-ST-ZIP				
TITLE		DELETE	2.1 TITLE			☐ Chang	e 🔲 Addition	
NAME	2.		2.2 NAM	E				
STREET ADDRESS	ł		2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE			3.1 TITLE			Chang	e 🔲 Addition	
NAME			3.2 NAM				i	
STREET ADDRESS			3.3 STRE	et address				
CITY-ST-ZIP			3.4. CITY	- ST - ZIP			ļ	
TITLE		☐ DELETE	4.1 1111.0			☐ Chang	e Addition	
NAME			4. 2 NAV	E.				
STREET ADDRESS			4.3 STRE	E1 ADDRESS			ı	
CITY-ST-ZIP			4.4 CITY	S1-2IP				
TITLE		DELETE	5.1 TITLE			Chang	e Addition	
NAME	5		5.2 NAM					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	1		-	ļ	
TITLE		DELETE	6.1 TITLE			☐ Change	e 🔲 Addition	
NAME		_	62 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	- 1				
0111-01-¢11			0.4 0111	OI- CIF				

I do 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 changed, or gri an axis, ment with an address.