FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAR 17 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K45660 (3)

1. Corporation Name
DELRICO, INC.

Principal Place of Business	Mailing Address
~~1876 N. UNIVERSITY DRIVE, SUITE 201-P~~ ~~PLANTATION FL 33322~~	~~1876 N. UNIVERSITY DRIVE, SUITE 201-P~~ ~~PLANTATION FL 33322~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1988
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	2a. Mailing Address
21 DELRICO, INC.	26 21301 Powerline Rd.
22 Suite, Apt. #, etc. 309 (3019)	27 Suite, Apt. #, etc. 309 (3019)
23 City & State BOCA RATON FL.	28 City & State BOCA RATON FL.
24 Zip 33433 25 Country U.S.A.	29 Zip 33433 30 Country U.S.A

4. FEI Number: 65-0103751 ☐ 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 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
CASTILLO B., ALVARO 1503 SUNSET DRIVE, SUITE 201 MIAMI FL 33143	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 _____ DATE
(Appropriate signature and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	LONDONO, DELIO R	12 NAME	P.D.
STREET ADDRESS	~~1876 N. UNIVERSITY DRIVE~~	13 STREET ADDRESS	LONDONO, DELIO R.
CITY-ST-ZIP	~~PLANTATION FL 33322~~	14 CITY-ST-ZIP	21301 Powerline Rd. ste. 309 (3019) BOCA RATON FL. 33433
TITLE	VSTD	21 TITLE	☒ Change ☐ Addition
NAME	LONDONO, MIGUEL	22 NAME	VSTD.
STREET ADDRESS	~~1876 N. UNIVERSITY DRIVE~~	23 STREET ADDRESS	LONDOÑO MIGUEL
CITY-ST-ZIP	~~PLANTATION FL 33322~~	24 CITY-ST-ZIP	21301 Powerline Rd. ste. 309 (3019) BOCA RATON FL. 33433
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	900001434829
TITLE		41 TITLE	-03/21795--01082--002 ☐ Addition
NAME		42 NAME	****200.00 ****200.00
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	TMW 7/17/95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: Delio Londoño 2-28-95 407 4997975
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
DELIO RICARDO londoño

0230336 CP