

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**



PROFIT CORPORATION  
ANNUAL REPORT

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

19968-196

B-7516 C

DOCUMENT # 540482 (7)  
1. Corporation Name

DELTANA ENTERPRISES, INC.



Principal Place of Business Mailing Address  
~~6702 NW 72 AVE~~ ~~MIAMI FL 33166~~  
~~6702 NW 72 AVE~~ ~~MIAMI FL 33166~~

3. Date Incorporated or Qualified: 06/08/1977  
3a. Date of Last Report: 07/25/1995  
4. FEI Number: 59-2214320  
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

2. Principal Place of Business  
21 901 N. MIAMI AVE  
22 Suite, Apt. #, etc.  
23 MIAMI FL. 33132  
24 33132 25 USA  
2a. Mailing Address  
26 901 N. MIAMI AVE  
27 Suite, Apt. #, etc.  
28 MIAMI FL. 33132  
29 33132 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WONG, PHILIP H  
~~6702 NW 72 AVE~~ 901 N. MIAMI AVE  
~~MIAMI FL 33166~~ MIAMI FL. 33132

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 901 N. MIAMI AVE  
83  
84 City: MIAMI FL 85 Zip Code: 33132

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 type: Use printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when filing this report.)

DATE

12. OFFICERS AND DIRECTORS  
TITLE: P  
NAME: WONG, PHILIP H  
STREET ADDRESS: ~~6702 NW 72 AVE~~ 901 N. MIAMI AVE  
CITY - ST - ZIP: MIAMI FL 33132

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  
12 NAME  
13 STREET ADDRESS: 901 N. MIAMI AVE  
14 CITY - ST - ZIP: MIAMI FL. 33132

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
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)(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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip H. Wong* PHILIP H. WONG 7/26/96 305-373-1699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)