

FILED

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CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED

DOCUMENT # 542105 (2)

1. Corporation Name

DELFAN INVESTMENTS, INCORPORATED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
12 NEWBRIDGE ROAD
TORONTO, ONTARIO M8Z 2L7
CANADA
Mailing Address
12 NEWBRIDGE ROAD
TORONTO, ONTARIO M8Z 2L7
CANADA3. Date Incorporated or Qualified
08/03/1977
3a. Date of Last Report
04/22/19942. Principal Place of Business
2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country

29 Country 30 Country

4. FEI Number
59-1998419
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P.
955 U.S. HIGHWAY ONE
STUART FL 33494

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 filer if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DELUCA, ALFREDO
STREET ADDRESS 2001 S. SURF ROAD
CITY- ST- ZIP HOLLYWOOD FLTITLE DPD
NAME DELUCA, ENZO
STREET ADDRESS 2001 SURF RD
CITY- ST- ZIP HOLLYWOOD BCH, INC 00000TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP61 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)(b), 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:

F. DELUCA

APR 20/95

416-231-7291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number