FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2002 8:00 am Secretary of State 569845 DOCUMENT # 1. Entity Name DELTA INTERNATIONAL INC. 01-24-2002 90167 004 \*\*\*150 00 Principal Place of Business Mailing Address P.O.BOX 431930 P.O.BOX 431930 MIAMI FL 33243-1930 MIAMI FL 33243-1930 2. Principal Place of Business 3. Mailing Address 4970 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 101 City & State City & State 4. FEI Number Applied For 59-1960563 MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired DAOE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LA TORRE, ELENA G Street Address (P.O. Box Number is Not Acceptable) 6601 MAYNADA STREET CORAL GABLES FL 33146 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change Torre, Elena G NAME NAME 6601 MAYNADA ST. STREET ADDRESS STREET ADDRESS Coral Gables Fl CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DE LA TORRE, MELANIE C NAME NAME 6601 MAYNADA ST STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition =NAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTESS AME OF SIGNING OFFICER OR DIRECTO

Jan 11-02

<u>(305)</u>665 657

Daytime Phone #