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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:51

DOCUMENT # **660372** **(4)**

1. Corporation Name
DELTA DIAMOND WHEEL CORP.

Principal Place of Business	Mailing Address
1301 DADE BLVD P O BOX 398327 MIAMI BCH FL 33139	1301 DADE BLVD P O BOX 398327 MIAMI BCH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/24/1980**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business
21 **1835 PURDY AVENUE**
Suite, Apt. #, etc. 22
City & State 23 **MIAMI BEACH, FL**
Zip 24 **33139** Country 25 **USA**

2a. Mailing Address
26 **P.O. BOX 398327**
Suite, Apt. #, etc. 27
City & State 28 **MIAMI BEACH, FL**
Zip 29 **33239-8327** Country 30 **USA**

4. FEI Number: **11-1804488** ☐ 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 **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

JOTKOFF, ALLAN
ONE CENTRUM PLAZA
ONE SOUTHWEST 129TH AVE STE 201
PEMBROKE PINES FL 33027

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 _____ DATE
Signature, typed or 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	DP	11 TITLE	☐ Change ☐ Addition
NAME	LUBLING, ABRAHAM S	12 NAME	
STREET ADDRESS	316 W 47TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LUBLING, ANNA	22 NAME	
STREET ADDRESS	316 W 47TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
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	
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: _____ **A.S. LUBLING** **3/29/95** **(305) 532-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

042317 FP