**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

## DOCUMENT # 660372

1. Corporation Name

DELTA DIAMOND WHEEL CORP.

Principal Place	of Business	Mailing Address			1 13 8114 81110 81111 83100 11411 38818 1101	. Might Bydil dydyl dians dydy ar	(81) 1881
1835 PURDY AV		P.O. BOX 398327					
MIAMI BCH FL		MIAMI BCH FL 33239-8327					
US		US		DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualified</li> <li>03/24/1980</li> </ol>		
2. Principal Pl	ace of Business	2a. Mailing Address	•		4. FEI Number	Applied	For
21		26			11-1804488	Not App	olicable
Suite, Art. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired	<b>\$8.75</b> Acditi	onal	
22		27		5. Certificate of Status Desired	Fee Require	ed	
- City & State		City & State		6. Election Campaign Financing	·- \$5:00 May	Ве- —	
23		28		Trust Fund Contribution	Added to Fed	es	
Zip	Country	Zip	Zip Country		8. This corporation owes the current ye		
24	25	29	30		Person al Property Tax.	XI Yes[]N	0
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regis	tere i Agent	
			81	Name			1
JOTKOFF, ALLAN				82 Street Ad Jress (P.O. Box Number is Not Acceptable)			
ONE SOUTHWEST 129TH AVE STE 201				Sileet Au J	ress (F.O. Box Number is Not Accoptable)		
ONE CENTRUM PLAZA							
PEMBROKE PINES FL 33027							
1			84	City		FL 85 Zip Code	İ
Described of Sections 607 0500 and 607 4509. Elocida Statutes, the above-parted to poration submits this statement for the purpose of changing its registered							
11. Pursuant to the provisions of Sections of 7.0002 and 07.1000, Florida Statutes, the appointment as registered of 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					D	ATÉ	
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	t . Registered Agent	signature require	ADDITIC NS/CHANGES TO OFFICE		N 12
12.	DP DP	DELETE	1.1 TITLE		ADDITIONS/GHANGES TO GITTOE		Addition
TITLE		C OLCCIO	1.2 NAME				
NAME	LUBLING, ABRAHAM S						
STREET ADDRESS	316 W 47TH ST		13 STREET	1	221/0		
CITY-ST-ZIP	MIAMI BCH FL 33140		1.4 CITY-ST-	-ZIP	33140	Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE			change	_
NAME	LUBLING, ANNA		2.2 NAME				
STREET ADDRESS	316 W 47TH ST		2.3 STREET		10		
CITY-ST-ZIP	MIAMI BCH FL 33140		2.4 CITY-\$1	-ZIP .	33140		7 Addition
TITLE		☐ DELETE	3.1 TITLE			Change _	Addition
_ NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	<u></u>		3.4, CITY-ST	-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				

14. 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 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 corpora ion or the receiver or trustee empowered to execute this report as recuired 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, with a lighter like impowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRE 3S CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

A.S. LUBLING

APRIL 22, 1999

(305)532-8500

Change

Change

☐ Addition

Addition

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90084 017 \*\*\*150.00