
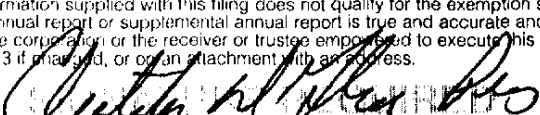


FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between;"> <div> DOCUMENT # F87664 1. Corporation Name DEL AMERICAN PROPERTIES, INC. </div> <div style="font-size: 2em;">(1)</div> </div>		
Principal Place of Business 1101 N LAKE DESTINY DR #400 MAITLAND FL 32751 US		Mailing Address 1101 N LAKE DESTINY DR #400 MAITLAND FL 32751-7199 US
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">30</div> Country	
9. Name and Address of Current Registered Agent		
MURAI, WARD, BIONDO, MATTHEWS & MORENO 900 INGRAM BLDG. 25 SE 2ND AVE. MIAMI FL 33131		<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD DEL GUIDICE, FRED 1101 N LAKE DESTINY DR MAITLAND FL <div style="text-align: right;"><input type="checkbox"/> DELETE</div>	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEL GUIDICE, CHRISTOPHER 1101 N LAKE DESTINY DR MAITLAND FL <div style="text-align: right;"><input type="checkbox"/> DELETE</div>	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> DELETE</div>	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> DELETE</div>	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> DELETE</div>	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> DELETE</div>	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if checked, or on an attachment with an address.		
SIGNATURE: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



CR2E034 (9/96)