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

APPROVED AND FILED
95 JUL 10 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J00158 (2)

1. Corporation Name
DELEK I, INC.

000001533790
-07/10/95--01081--001
***9225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~FLORIDA REGISTERED AGENTS INC~~ ~~100 SE 2ND ST 3600~~ ~~MIAMI FL 33131~~	~~FLORIDA REGISTERED AGENTS INC~~ ~~100 SE 2ND ST 3600~~ ~~MIAMI FL 33131~~

3. Date Incorporated or Qualified: 02/20/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Dr.	26 2601 S. Bayshore Dr.
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33133 25 U.S.	Zip / Country 29 33133 30 U.S.

4. FEI Number: 59-2644202 ☐ 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~FLORIDA REGISTERED AGENTS INC~~ ~~100 SE 2ND ST #3600~~ ~~MIAMI FL 33131~~	81 Name: A Z Registered Agent Corporation 82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive 83 Suite 1600 84 City: Miami, FL 85 Zip Code: 33133

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 the position as registered agent under Florida Statutes.

A. Z REGISTERED AGENT CORPORATION

SIGNATURE By: Justin T. Wilson
Signature of registered agent or name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

Justin T. Wilson, Secretary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	FIELDS, HERBERT	12 NAME		
STREET ADDRESS	~~7100 W. 20TH AVE.~~	13 STREET ADDRESS	7150 W. 20th Ave. #312	
CITY-ST-ZIP	~~HIALEAH FL~~	14 CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	LAZAR, LESTER	22 NAME		
STREET ADDRESS	~~7100 W. 20TH AVE.~~	23 STREET ADDRESS	7150 W. 20th Ave. #312	
CITY-ST-ZIP	~~HIALEAH FL~~	24 CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	BRODY, MARTIN	32 NAME		
STREET ADDRESS	~~7100 W. 20TH AVE.~~	33 STREET ADDRESS	7150 W. 20th Ave. #312	
CITY-ST-ZIP	~~HIALEAH FL~~	34 CITY-ST-ZIP	Hialeah, FL 33016	
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: [signature] Herbert Fields 5/15/95 (305) 822-9035 HF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127620 CP