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Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J00158

1. Corporation Name
DELEK I, INC
c/o HERBERT FIELDS, MD
7220 South Prestwick Place, Miami Lakes FL 33014

Principal Place of Business: Same
Mailing Address: Same

3. Date Incorporated or Qualified: 11/19/82
3a. Date of Last Report: 1996

2. Principal Place of Business: 21 Same
2a. Mailing Address: 26 Same
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

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

AZ Registered Agent Corp
2601 S Bayshore Drive, Suite 1600
Miami FL 33133

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	HERBERT FIELDS, MD		1 2 NAME	
STREET ADDRESS	7220 S PRESTWICK PLACE		1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014		1 4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	MARTIN BRODY, MD		2 2 NAME	
STREET ADDRESS	1325 NE 171 STREET		2 3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33162		2 4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	LESTER LAZAR, MD		3 2 NAME	
STREET ADDRESS	12150 SW 92 AVENUE		3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	600002215366
STREET ADDRESS			5 3 STREET ADDRESS	-06/18/97--01016--020
CITY-ST-ZIP			5 4 CITY-ST-ZIP	***165.00
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	OS
STREET ADDRESS			6 3 STREET ADDRESS	6/17/97
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E031 (1/96)

14. I do 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 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] 06/12/97 (305) 823-5332