SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

DELEK I, INC.

J00158

(2)

FILED Sep 03 1998 8:00am Secretary of State

I INDINO ALLI D	ENERGIA IN	la Bàigh igh	HOU BIELL	C1811 61811 186

Principal Place	of Business	Mailing Address						
C/O HERBERT 7220 SOUTH PI MIAMI LAKES F	RESTWICK PLACE	C/O HERBERT FIELDS M.D. 7220 SOUTH PRESTWICK PLACE MIAMI LAKES FL 33014			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
2 Principal P	ace of Business	2a, Mailing Address			02/20/1986 4. FEI Number Applied For			
21	ace of Educations	26			59-2644202 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27			Fee Required			
City & State	θ	City & State			6. Election Campaign Financing \$5.00 May Be			
23	Country	28 7in	Countr	.,	Trust Fund Contribution LJ Added to Fees			
Žip	Country	Zip 29	30	ntry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	9, Name and Address of Current		30]		10. Name and Address of New Registered Agent			
A 7 I	REGISTERED AGENT CORPORAT		8					
	S. BAYSHORE DR.	1011	8:	Stree	eet Address (P.O. Box Number is Not Acceptable)			
	1600		Ľ	J	,			
MIAN	# FL 33133		8:	3				
			84	City	85 Zip Code			
		10074500 51 34 6044.	46 6		FL 89 249 COOR			
office or i	registered agent, or both, in the State :	of Florida. Such change was au	ıthorized b	y the co	d corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered			
agent. I a	am familiar with, and accept the obliga	tions of, section 607.0505, Flori	ida Statute	S .				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered	Agent signa	nature required when reinstating) DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE		Change Addition			
NAME	FIELDS, HERBERT		1.2 NAME					
STREET ADDRESS	I DEC ON INCOMMENT DIVE		1.3 STREE	TADDRESS	ss			
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-5	T-ZIP				
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition			
NAME	BRODY, MARTIN		2.2 NAME					
STREET ADDRESS	1325 NE 171 STREET NORTH MIAMI FL 33162		2.3 STREE	TADDRES	55			
CITY-ST-ZIP	D	DELETE	3.1 TITLE	1+217	Change Addition			
NAME	LALAR, LESTER	L' DETE LE	3.2 NAME		Consider Consider			
STREET ADDRESS	12150 SW 92 AVENUE			T ADDRESS	ss			
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-5	ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change Addition			
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRES	SS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS				T ADDRES	SS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		DELETE	6.1 TITLE		Change Addition			
NAME			6.2 NAME		92			
STREET ADDRESS			1	T ADDRES:	55			
CITY-ST-ZIP	are the state of t	this files does not qualify for the	6.4 CITY-		d in paction 110 07/3Vi). Florida Statutos, I further certify that the information			

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 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 address.

301-8235333