## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(9)

**DOCUMENT #** 1. Corporation Name

DALMAI	M, INU.					
incipal Place of	Business	Mailing Address		) (A Blish Băsh Băsh shall chad ș	1815 1121 B1811 B1611 B1911 B1811 B1815 B1811 188.	
% DALBIO MARTOS 311 N.W. 62ND CT. MIAMI FL 33126-4521		% DALBIO MARTOS 310 NW 62 CT				
		MIAMI FL 33126 US			3a. Date of Last Report 03/27/1995	
Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For	
		26		59-2686112	Not Applicable  \$8.75 Additional	
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28]   Zip	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,	
	25	[=-]	30		s 💆 No	
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New	Hagistered Agent	
					Lia -	
MARTOS, DALBIO 310 NW 62 CT			82 Street	Address (P.O. Box Number is Not Accepta	3D(e)	
MIAMI FL 33126			83			
Militarii	£ 00120		84 City		FL 85 Zip Code	
		10014500 El. 14 Gast 400	the share period of	orporation submits this statement for the p board of directors. I hereby accept the ap	urnose of changing its registered of	
SNATURE SI		AND DIRECTORS	Registered Agent signature (	explired when reinstating: ADDITIONS/CHANGES TO OF	FRICERS AND DIRECTORS IN 12  Change Addition	
,F	PD	☐ DELETE	1. 1 TITLE		☐ Change ☐ would	
Mt .	MARTOS, DALBIO 310 NW 62 CT		1.2 NAME 1.3 STREET ADORESS			
REFT ADDRESS	MIAMI FL		1.4 CHY-ST-ZIP			
Y-51 //12+	VSD	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition	
ME	MARTOS, REGLA		2 2 NAME			
ME: 1 ADDRESS	310 NW 62 CT		2.3 STREET ADORESS			
1 ST ZIP	MIAMI FL	[ ] DELETE	2.4 CHY-S1-ZIP 3.1 Tulk		Change Add-ti	
LF Me			3 2 NAME			
RELLADORESS			3.3 STREET ADDRESS			
IY \$1-7P			3 4 CITY - ST - ZIP		Change Additi	
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itt.		Doctor	6 2 NAME		<del></del>	
Jame Jarel Addréss			63 STREET ADDRESS	,		
			64 CiTY-ST-ZIP			
14. Ldo nereb	y certify that the information supp the information indicated on this	plied with this filing is voluntarily furn annual report or supplemental ann	ished and does not quual report is true and a	Lialify for the exemption stated in Section 1 accurate and that my signature shall have use this report as required by Chapter 607	19.07(3)(k), Florida Statutes. I furthe the same legal effect as if made und Florida Statutes: and that my name	
		corporation or the receiver or trusted or on an attachment with an addr		accurate and that my signature shall have ute this report as required by Chapter 607	, rionad Statutes, and that my hame	
opposite in	1) //	1: 4/ 1		2 1 .	96 262-252	
SIGNAT	URE: Law	PED OR PRINTED NAME OF SIGNING OFFICE	n on Necton	Chalo	96 262-2521 Cayrima Phone #	

CR2E034 (12/95)