

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90066 050 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harriß**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K 22407**  
 1. Corporation Name  
**DELTA PLUS MANAGEMENT SERVICES, INC**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **815 NW 57<sup>TH</sup> AVE.** 26 **815 NW 57<sup>TH</sup> AVE.**

22 **SUITE 110** 27 **SUITE 110**

23 **MIAMI, FL** 28 **MIAMI, FL**

24 **33126** 25 **USA** 29 **33126** 30 **USA**

3. Date Incorporated or Qualified  
**05/03/1988**

4. FEI Number  
**65-0049865**

5. Certificate of Status Desired **X** **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**DELFIN J. DIAZ**  
**1031 MATANZAS AVENUE**  
**CORAL GABLES, FL 33146**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1031 MATANZAS AVENUE**  
 83  
 84 City **CORAL GABLES** FL 85 Zip Code **33146**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, DELFIN J.</b>	1.2 NAME	<b>DIAZ, DELFIN J.</b>
STREET ADDRESS	<b>2427 SW 109 CT</b>	1.3 STREET ADDRESS	<b>1031 MATANZAS AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, ESPERANZA P.</b>	2.2 NAME	<b>ESPERANZA P. DIAZ</b>
STREET ADDRESS	<b>2427 SW 109 CT</b>	2.3 STREET ADDRESS	<b>1031 MATANZAS AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	2.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, CHRISTINA M.</b>	3.2 NAME	<b>CHRISTINA M. DIAZ-GONZALEZ</b>
STREET ADDRESS	<b>2427 SW 109 CT</b>	3.3 STREET ADDRESS	<b>1030 MATANZAS AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	3.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, HOPE M.</b>	4.2 NAME	<b>HOPE M. DIAZ</b>
STREET ADDRESS	<b>2427 SW 109 CT</b>	4.3 STREET ADDRESS	<b>1031 MATANZAS AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	4.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 attachment with an address, with all other like empowered.

SIGNATURE: **DELFIN J. DIAZ** 3/29/99 305/264-4212  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)