

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K26486** (6)

1. Corporation Name

DELLONCREST, INC.



Principal Place of Business

**1110 BRICKELL AVE.
SUITE 313
MIAMI FL 33131
US**

Mailing Address

**2333 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
06/17/1988

3a. Date of Last Report
04/19/1995

2. Principal Place of Business
c/o Mendoza, Callas & Schilling

2a. Mailing Address

c/o Mendoza, Callas & Schilling

4. FEI Number
65-0055480

Applied For
Not Applicable

Suite, Apt. #, etc.
22 251 Royal Palm Way, Suite 602

Suite, Apt. #, etc.

27 251 Royal Palm Way, Box 2715

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

City & State
23 Palm Beach, Florida

City & State

28 Palm Beach, Florida

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

Zip Country
24 33480 25 USA

Zip Country
29 33480 30 USA

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

**DEL VALLE, IGNACIO G
2333 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES FL 33134**

81 Name
Mario G. de Mendoza, III, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Mendoza, Callas & Schilling
83 **251 Royal Palm Way, Suite 602**
84 City
Palm Beach

FL 85 Zip Code
33480

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, Chapter 607.0505, Florida Statutes.

SIGNATURE

Signature of person providing name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **FREYRE, FABIO**
STREET ADDRESS **1110 BRICKELL AVE. SUITE 313**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE
NAME **MARTI, MANUEL**
STREET ADDRESS **1110 BRICKELL AVE. #313**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP/D/T MAHFUD, ARMANDO**
2.3 STREET ADDRESS **1110 BRICKELL AVE., #313**
2.4 CITY-ST-ZIP **MIAMI, FL**

TITLE **S** ☒ DELETE
NAME **DEL VALLE, IGNACIO G.**
STREET ADDRESS **2333 PONCE DE LEON BLVD. SUITE 650**
CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S MENDOZA, MARIO G. DE III**
3.3 STREET ADDRESS **251 ROYAL PALM WAY, SIXTH FLOOR**
3.4 CITY-ST-ZIP **PALM BEACH, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3/14/96

407/659-1111

Date Daytime Phone #

CR2E034 (12/95)

3-21-1996