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PRÓFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K32124

1. Corporation Name

DEEL EXPORT SALES, INC.

,									
Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,			
4811 LEJEUNE REOAD 4811 LEJEUNE REOAD									
CORAL GABLES FL 33146 CORAL GABLES FL 33146			•			DO NOT WRITE IN T	IIS SPACE		
us us						3. Date Incorporated or Qualifed	TIO OF AUL		
į			-	·-··		08/31/1988			
Principal Place of Business 2a. Mailing Address						4. FEI Number			ed For
21 26						65-0073143			pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	•	75 Add e Requ	,
22 27									
City & State City & State						6. Election Campaign Financing		. 00 Ma	
23 28			Country					ied to i	rees
Zip 	Country	Zip		y		8. This corporation owes the current year	Intangible ☐ Yes	۳-]No
24	25		30			Personal Property Tax. 10. Name and Address of New Register			
	9. Name and Address of Current	Registered Agent	8.	11 N	lame	10. Haine and Address of Now Register	ou rigoni		
KRAVITZ, HAROLD P.						ss (P.O. Box Number is Not Acceptable)	· ·		
7600 W 20TH AVE				4					
SUITE 223			8:	3					
HIALEAH FL 33016			8-	4 C	ity		85	Zip Co	de .
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of rn familiar with, and accept the obligation Signature, typed or printed name of registered egent a	Florida. Such change was at ons of, Section 607.0505, Flor	ithorized by ida Statute	y tne es.	amed corpor corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap	politinenta	g its re is regis	gistered stered
12.	OFFICERS AND		13.	<u></u>	- Indiana indiana in	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE				[] Chai		Addition
NAME	BELLOSTA, JOSE	_	1.2 NAME						}
STREET ADDRESS	940 S FEDERAL HWY		1.3 STRE		DRESS				. j
	POMPANO BEACH FL				i				İ
CITY+ST-ZIP	SD DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Cha	nge	Addition
	O'MALLEY, DAN					•			
NAME STREET ADDRESS	940 S FEDERAL HWY		2.2 NAME 2.3 STRE		npess.				
	POMPANO BEACH FL				Į.				{
CITY-ST-ZIP	C ocurre :			2.4 CITY-ST-ZIP			Cha	nge	XXAddition :
NAME	ATCE-LKESIDENI/DIKECIOK —			3.2 NAME			_	•	
Į.	CARLOS BELLOSTA		3.3 STRE		npece i				
STREET ADDRESS	4811 LEJEUNE ROAD MIAMI, FL 33146		3.4. CITY-			. •			1
CITY-ST-ZIP	HIAHI, FL 33140	☐ DELETE	4.1 TITLE		<u> </u>		Cha	nge	Addition
TITLE			4. 2 NAM		ļ		_	•	_ [
NAME					npeee				
STREET ADDRESS			4.3 STRE						
CITY-ST-ZIP		□ DELETE	4.4 CITY- 5.1 TITLE		-		Cha	inge	Addition
TITLE			5.1 IIILE 5.2 NAME		1				
NAME			5.3 STRE		DRESS	•			ľ
STREET ADDRESS			5.4 CITY-						[
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		' 		☐ Cha	inge	Addition
I IFILE	1				t			-	

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 ettachment with an address with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NOSEIBELLOSTA TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 10,1999 305-661-6111

Daytime Phone #