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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K48441 1. Corporation Name DELTA DART, INC.			
Principal Place of Business % MICHAEL ORTIZ. PA 2665 SOUTH BAYSHORE DR. SUITE 002 MIAMI FL 33133 US		Mailing Address % MICHAEL ORTIZ. PA 2665 SOUTH BAYSHORE DR. SUITE 002- MIAMI FL 33133- US	
2. Principal Place of Business 21 328 Minorca Avenue Suite, Apt. #, etc. 22 2nd Floor City & State 23 Coral Gables, FL Zip Country 24 33134 25 USA		2a. Mailing Address 26 328 Minorca Avenue Suite, Apt. #, etc. 27 2nd Floor City & State 28 Coral Gables, FL Zip Country 29 33134 30 USA	
9. Name and Address of Current Registered Agent ORTIZ, MICHAEL 2665 SOUTH BAYSHORE DR. SUITE 002- MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 328 Minorca Avenue 83 2nd Floor 84 City Coral Gables FL 85 Zip Code 33134	
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 <i>Michael Ortiz</i> Michael Ortiz 4/9/99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME ORTIZ, MICHAEL STREET ADDRESS 2665 S BAYSHORE DR #002 CITY-ST-ZIP MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 328 Minorca Avenue, 2nd Floor 1.4 CITY-ST-ZIP Coral Gables, FL 33134 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME S 2.3 STREET ADDRESS Lissette Benitez 2.4 CITY-ST-ZIP 328 Minorca Ave., 2 FL, Coral Gables, FL 33134 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99 305-476-5270

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