

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K77125 (8)
1. Corporation Name
DELTA PAINTING CONTRACTOR INC.



Principal Place of Business
FRANCISCO A. ALVAREZ
561 W. 65TH DRIVE
HIALEAH FL 33012

Mailing Address
FRANCISCO A. ALVAREZ
561 W. 65TH DRIVE
HIALEAH FL 33012-6580

Change ADDRESS Delete FRANCISCO ALVAREZ

2. Principal Place of Business

21 6500 W. 4th Ave #26

Suite, Apt. #, etc.

22 #26

City & State

23 Hialeah - FLA

Zip

24 33012

Country

25 DADE

2a. Mailing Address

26 6500 W 4th Ave #26

Suite, Apt. #, etc.

27 #26

City & State

28 Hialeah - FL

Zip

29 33012

Country

30 DADE

3. Date Incorporated or Qualified
04/03/1989

3a. Date of Last Report
04/05/1996

4. FEI Number
65-0110075

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ALVAREZ, FRANCISCO A.
561 W. 65TH DRIVE
HIALEAH FL 33012

Delete

10. Name and Address of New Registered Agent

81 Name

AIDA ALVAREZ

82 Street Address (P.O. Box Number is Not Acceptable)

6500 W 4th Ave #26

83

#26

84 City

HIALEAH -

FL

85 Zip Code

33012

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

Aida Alvarez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ALVAREZ, FRANCISCO A.
561 W. 65TH DRIVE
HIALEAH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
ALVAREZ, AIDA
561 W. 65TH DRIVE
HIALEAH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
V.P.
ROSENDO A. ALVAREZ
6500 W 4th Ave #26
HIAL - FL 33012

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
P.S.D. AGENT OF RECORD
AIDA ALVAREZ
6500 W 4th Ave #26
HIALEAH - FL 33012

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do 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.

SIGNATURE:

Aida Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97 (305) 558-1491

Date Daytime Phone #

CR2E034 (9/96)