	PROFIT RPORATION IUAL REPORT 1997	Sandra Secre	ARTMENT OF STATE B. Mottham tary of State CORPORATIONS		1997 8:00ar ary of State
DENTA Principal Pla 5775 NW BLU STE. 400 MIAMI FL 331	IMENT # L18070 L DELIVERY SYSTEMS, INC. ICO OF BUSINESS IE LAGOON DR. 26	(7) Mailing Address 5775 NW BLUE LAGOON STE. 400 MIAMI FL 33126-2071	DR.		
JS		US		3. Date Incorporated or Qualified 09/18/1989	3a. Date of Last Report 07/17/1996
2. Principal	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0360766	Applied For Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	······	5. Certificate of Status Desired	\$8.75 Additional
2 City & Ste	ale	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
3 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
4	25 9, Name and Address of Curren	29	30	8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	Yes 🗌 No
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	2 and 602.1508, Florida Stati of Florida. Such change was tions of, Section 607.0505. F	utes, the above named co authorized by the corporation of the corporat	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered to the appointment as registered
SIGNATURE		it and title if approable. (NO	utes, this above named co s authorized by the corpora forida Statutes.		DATE
SIGNATURE	Signature, typed or printed name of registerial agen OFFICE RS ANE	it and title if approable. (NO	DL - Regisfered Agent signature req 13. 1.1 TILLE		DATE
SIGNATURE 12. TITLE NAME	Signature, typed or printed harve of registered age OFFICE RS ANE GOBER, MEL 8966 S.W. 87TH CT. STE 3	nt and take if approcable. (NC) DIRE CTORS	DIL Registered Agent signature req	uired when reinstating)	DATE ERS AND DIRECTORS IN 12
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