

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

FILED

Feb 17 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 # L27429 (4)

1. Corporation Name  
DELTA WINGS CORP.

Principal Place of Business  
104 CRANDON BLVD #423  
KEY BISCAYNE FL 33149

Mailing Address  
104 CRANDON BLVD #423  
KEY BISCAYNE FL 33149-1542



3. Date Incorporated or Qualified 11/03/1989  
3a. Date of Last Report 02/19/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0159730		Applied For Not Applicable	
21	104 Crandon Blvd	26	104 Crandon Blvd	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
	Suite, Apt. #, etc. 427		Suite, Apt. #, etc. 427	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22	427	27	427	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23. City & State Key Biscayne, FL		28. City & State Key Biscayne, FL					
24	Zip 33149	25	Country U S A	29	Zip 33149	30	Country U S A

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
100 CHOPIN PLAZA  
16TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHROTH, WALTER	1.2 NAME	HARTH, JOHNNY
STREET ADDRESS	LUIS FELIPE VERA 315	1.3 STREET ADDRESS	LUIS FELIPE VILLARAN 325
CITY - ST - ZIP	SAN ISIFRO, LIMA, PERU	1.4 CITY - ST - ZIP	SAN ISIDRO, LIMA, PERU
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVERSO, JUAN	2.2 NAME	
STREET ADDRESS	600 GRAPETREE DR, #11DS	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIURLIZZA, NICOLAS	3.2 NAME	
STREET ADDRESS	L.F. VILLARAN 325	3.3 STREET ADDRESS	
CITY - ST - ZIP	LIMA PE	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: SIGNATURE REQUIRED 2/11/97 (305) 361-9711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)