FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996	DIVISION OF CORPORATIONS					
DOCUN		826 (3)					
	DELL, INC.						
INVEND	LLL, IIIO.				J ORBIGERIE DES DIRDE SKODE STEID INTO	E BINI BLOM DI	IBN BIBN BIBN BIBN BIRN
Principal Place o	of Business	Mailing Address			i annighte nei ninnt tentt iffilt itfli	7 8/11 81911 8 1	skir mimir ardii dubii bidii 1961
5865 SW 64 AVE.		5865 SW 64 AVE.					
MIAMI FL 33143		MIAMI FL 33143	MIAMI FL 33143				
					3. Date Incorporated or Qualified		te of Last Report
O FI CONTRACT OF FUNDAMENT		To Marie Addition			01/01/1990 4. FEI Number	(01/17/1995
2. Principal Place of Business 21		2a. Mailing Address			65-0178175		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	W/	Fee Required
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
23		28	· · · · · · 		Trust Fund Contribution		Added to Fees
Ζη. 24	Country 25	2ip	Gountr 30	У	8. This corporation has liability for Florida Statutes		.ax unders 199.032,
2-7	9. Name and Address of C		1301	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New F		Agent
			81	Name			
DELLIS, DEAN			82	Street Add	dress (P.O. Box Number is Not Acceptat	/ek	
	/ 64 AVE.						
MIAMI FI	L 33143		83	3			
			84	City			85 Zip Code
11 Pursuant tr	the provisions of Sections 60	7 0502 and 607 1508 Florida Statu	toe the above	named cores	pration submits this statement for the pur	FL	
or registere	io agent, or both, in the State c	of Florida. Such charige was authori of Section 607.0505, Florida Statute	zed by the cor	poration's boa	ard of directors. I hereby accept the app	ointment a	s registered agent. I am
SIGNATURE	r, and accept the obligations of	r, decayir cor.osco, rionda statore					
	ognative, type for printed realist of registered agent and the Happheable (NOTE Registered A		ent signatura requir		DATE		
12.	D OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS IN 12 Change Addition
MAM	DELLIS, DEAN		1.2 NAME				
STREET ADDRESS	5865 SW 64 AVE.			1 ADDRESS			
C(1) - \$1 - Z(P)	MIAMI FL		1.4 C(TY-	ST-7IP			
T.11 E	D	DELETE	2 1 TIFLE				Change Addition
NAM:	DELLIS, MARY		2.2 NAME	1			
STREET ADDRESS	5865 SW 64 AVE.	i i		ET ADDRESS			
CHY ST-ZIF THEF	MIAMI FL	DELFTE	24 CHY- 3 1 THLE				Change Addition
NSME			3 2 NAME				
STREET ADORESS				ET ADDRESS			
City - St - Zirt			3.4 CITY-	ST-ZIP			
TITLE	DELE1		4. 1 TITLE			-	☐ Change ☐ Addition
NAME			4.2 NAME				
STREET ACCRESS			l l	ET ADDRESS			
City ST-7IP TRUE		T DELETE.	4.4 CITY - 5. 1 TITLE				Change Addition
NAME.		L.J Deke it.	5.1 HILE 5.2 NAME				C Onlarige C Modifier
STREET ADDRESS				ET ADORESS			
OUTY-ST ZIP			5 4 CiTY	1			
1011.6			6 1 THILE				☐ Change ☐ Addition
NAME	67		6.2 NAME	-			
SPRELL ADDRESS	ADDRESS		6.3 STREET ADDRESS				
City St-Zif	contifue that the information or	noted with this files is voluntarily 6.	64 CiTY		for the exemption stated in Section 119	07/2VL1 F	Joylda Otat dan 14 whar
ced ty that	the information indicated on th	iis annual report or supplemental an	mual report is t	rue and accui	rate and that my signature shall have the	.or(o)(k), Fi	al effect as if made under

contry 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 unde outh 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:

DEAN

DELLIS

SIGNATURE and Typed on Printed Name of SIGNING OFFICER ON DIRECTOR OF DIRECT 17/96 305 661-4434