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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

INVERDELL, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90025 048 ***158.75



Principal Place of Business Mailing Address		- (Amarica) die manne eren eren in in in		ar 2000 9800 100)	
5865 SW 64 AVE. 5865 SW 64 AVE. MIAMI FL 33143 MIAMI FL 33143		DO NOT WF	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualifer 01/01/1990)		
2. Principal Place of Business 2a. Mailing Address	98	4. FEI Number :	· · · · · · · · · · · · · · · · · · ·	Applied For	
21 26			·	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, e	etc.	65-0178175		Additional	
22 27		5. Certifcate of Status Desired		Required	
City & State City & State	7	6. Election Campaign Financing	\$5.0	0 May Be	
23 28		Trust Fund Contribution		d to Fees	
Zip Country Zip	. Country	8. This corporation owes the cur	rrent vear Intangible		
24 25 29	30	Personal Property Tax.	∐Yes	⊠ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New	Registered Agent		
DELLO DELLO	81 N	ame			
DELLIS, DEAN		et Address (P.O. Box Number is Not Acceptable)			
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Set Address (F.O. box Number is Not Acceptable)			
MIAMI FL 33143	83		是1478年 1683年	36631411	
		日本門に関い場合により。 では、 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		A PULLER AND	
	· 84 Ci	ity	F1 85 Zir	p Code	
11.7 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida office or registered agent, or both, in the State of Florida Such change agent. I am familiar with, and accept the obligations of, Section 607.05	e was authorized by the 505, Florida Statutes.	corporation's board of directors. I hereby acce	purpose of changing in the appointment as	ts registered registered	
Signature, typed or printed name of registered agent and title if applicable		sture required when reinstating)	DATE		
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OI			
TITLE DELLE DEAN		45-11771776	☐ Change	e	
NAME DELLIS, DEAN	1.2 NAME				
STREET ADDRESS 5865 SW 64 AVE.	1.3 STREET ADD		•	•	
CITY-ST-ZIP MIAMI FL TITLE D DEL	1.4 CITY-ST-ZIP	<u> </u>	[] (h		
_			Change	e Addition	
NAME DELLIS, MARY	2.2 NAME				
STREET ADDRESS 5865 SW 64 AVE.	2.3 STREET ADDI				
CITY-ST-ZIP MIAMI FL	2.4 CITY-ST-ZIP				
TITLE OCT IS DON'S			· ∐ Change	e Addition	
NAME: SSS SV 64 AS	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDI	- 「 」 「	Programme and	127 181 791	
CITY-ST-ZIP	3.4. CITY-ST-ZIP				
TITLE DEL		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	e :	
NAME SAUSTICA FOR THE SAUSTICAL SAUS	4, 2 NAME				
STREET ADDRESS	4.3 STREET ADD	RESS	`		
CITY-ST-ZIP	4.4 CITY-ST-ZIP				
TITLE DEL			Change	e ☐ Addition	
NAME	5.2 NAME	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J		
STREET ADDRESS	5.3 STREET ADDR				
CITT-SI-ZIF	5.4 CITY-ST-ZIP	CB CD A TE			
TITLE BYTHAN STATES DEL			☐ Change	Addition	
NAME SOURCE STATE OF	6.2 NAME				
STREET ADDRESS	6.3 STREET ADDI	ŒSS			
CITY-ST-ZIP	6.4 CITY-\$T-ZIP	· ·			

14. I 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, with all other like empowered.

305-661-4434