

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 24

DOCUMENT # **L92437** (7)

1. Corporation Name
DELLIS AMERICA INC.

Principal Place of Business: **11447 W. OAKLAND PARK BLVD. SUNRISE FL 33323**
Mailing Address: **11447 W. OAKLAND PARK BLVD. SUNRISE FL 33323 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/10/1990** 3a. Date of Last Report: **02/23/1994**
4. FEI Number: **65-0208794** 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 (1)(2), Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

SHAKOOR, RAMZAN
12041 NW 33 ST
SUNRISE FL 33323

10. Name and Address of New Registered Agent

01 Name: 02 Street Address (P.O. Box Number is Not Accepted): 03 City: 04 City: 05 FL 06 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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SHAKOOR, RAMZAN
STREET ADDRESS	12041 NW 33 ST
CITY, ST, ZIP	SUNRISE FL
TITLE	D
NAME	AFTAB, SHAKOOR
STREET ADDRESS	12041 NW 33RD ST.
CITY, ST, ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(1)(2), Florida Statutes. I (we) certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be on the same legal paper. If it made on other paper, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 199, Florida Statutes, and that any name appears on Block 12 or Block 13 is changed, or on an attachment with an address:

SIGNATURE: *Aftab Shakoor* **AFTAB SHAKOOR** 2/19/95 (3-15) 747-2985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR