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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

MNA	UAL REPORT	OU MIT IN	7	retary of S OF CORPO	itate DRATIONS			
DOCU 1. Corporatio	MENT #	M4494	3 (2)				
DELT	A PARIS CORP	•						
Drive and Disc.	o of Division							
Principal Place	FORTUNE STREET		Mailing Address			ı reaseasıt itti diğiri diğid iğilli dil	EGO KUL OLON ÖLÜL ÖTÜL ÖTÜL Ö	DAL MENAS MIÑIT PROT
SUITE 200 TAMPA FL			20803 BISCAYNE E SUITE 200 AVENTURA FL 331:					
US			THE HOLD IN THE SOL	~		3. Date incorporated or Qualified 01/16/1987	3a. Date of Last	•
2. Principa' F1	lace of Business		2a. Mailing Address			4. FEI Number	05/01/1	Applied For
Suite, Apt	#, etc.		Suite. Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		59-2761174		Not Applicable
2			27			5. Certificate of Status Desired		5 Additional Required
Gity & State	e 		Orty & State			Election Campaign Financing Trust Fund Contribution	□ \$5.0	00 May Be
Z(p. 24]	Cou.	intry	Zip	ļs	ountry	8. This corporation has liability for	intangible tax under s	
크		dress of Current Re	29 egistered Agent	30	T	Florida Statutes Yes 10. Name and Address of New F	No	
					81 Name	TO, NOME AND ADDRESS OF NEW P	redisteled Agent	
	W, MICHAEL				82 Street Add	dress (P.O. Box Number is Not Acceptab	No.	
	BISCAYNE BLVD					rood (To Pox Hamber Is Not Acceptat.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SUITE 2	200				83			
AVENTO 11. Pursuant t	URA FL 33180	octions 607,0502 and	d 607.1508, Florida Stat	utes, the at	84 City	oration submits this statement for the pur		ip Code
AVENTO 11. Pursuant to register familiar with SIGNATURE	URA FL 33180	nie of regulaterest against a r in ti	me if applicable		1 1 7	oration submits this statement for the pur ard of directors. I hereby accept the appoint		
AVENTI 11. Pursuant r or register familiar wit SIGNATURE _	URA FL 33180 to the provisions of Scred agent, or both, in th, and accept the ob-		ine if applicable	vOTE Register	pove-named corpo e corporation's boar ed Agent signature require		rpose of changing its ointment as registered	registered office d agent. I am
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name harries, or an attachment with an address. oath; that I am an officer or direct appears in Block 12 or Block 13

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/94 (305)532-7,150