


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M56442** (0)  
1. Corporation Name  
**DELTA-GRAPHICS, INCORPORATED**



Principal Place of Business <b>1150 N.W. 72 AVENUE SUITE 100 MIAMI FL 33126</b>	Mailing Address <b>1150 N.W. 72 AVENUE SUITE 100 MIAMI FL 33126</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2224 NW 82 AVE</b> Suite, Apt. #, etc. 22 <b>5</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33122</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>2224 NW 82 AVE</b> Suite, Apt. #, etc. 27 <b>—</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33122</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>07/30/1987</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>59-2832380</b>	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IVY, KATHLEEN  
10114 S.W. 141 COURT  
MIAMI FL 33186**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>9901 W. CALUSA CLUB DR.</b>
83	
84 City <b>MIAMI</b>	85 Zip Code <b>FL 33186</b>

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IVY, KATHLEEN</b>	1.2 NAME	
STREET ADDRESS	<b>10114 S.W. 141 COURT</b>	1.3 STREET ADDRESS	<b>9901 W. CALUSA CLUB DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOTERO, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>10114 SW 141 COURT</b>	2.3 STREET ADDRESS	<b>9901 W. CALUSA CLUB DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 2/20/97 (200) 941-4111

CR2E034 (4/97)