SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Oct 08 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700006513 (2)

THE DELTA FOUNDATION, INC.

2022 Northi N. Miami Fl	EAST 121ST ROAD 33181	2022 NORTHEAST 121ST N. MIAMI FL 33181	ROAD		Date Incorporated or Qualified     11/17/1997     FET Number	Applied For	
2. Principal Place of Business 21		2a. Mailing Address			Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, otc. 22		Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State 23		City & State				7. Is this nonprofit corporation a homeowners association?	
7(p 24	Country 25	Ζφ [29]	Counti	У	This corporation owes or has paid to     Personal Property Tax due June 30	<u>r</u>	
	9. Name and Address of Current	t Registered Agent		1 Name	10. Name and Address of New Regis	tered Agent	
			8				
KORMAN, MIMI M		82 Street Add		Address (P.O. Box Number is Not Acceptable)	·		
N. MIAMI	RTHEAST 121ST ROAD		В	3			
IA: IAIIWA	FL 33101					<u> </u>	
			8	City		FI 85 Zip Code	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 Ftorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, section 617.0503, Florida Statutes.							
SIGNATURE: Styrollure, typest or product respect and tree if applicable: (NOTE: Registered Agent signature required when reinstalling) DATE							
12.	Of FICERS AN		13.	ngen signatu	re required when reinstating)  1 ADDITIONS/CHANGES TO OFFICE I		
1000	D	DELETE	1.1 TITLE		President	Change Addition	
NAME	SANCHEZ, JULIO C	[ ] this is				□ Leuande - f⊠ vuonen	
STREET ADDRESS	10130 SW 39 TER.		13 \$1RE	1 ADDRESS	BUSH KORHWY M.D.		
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-	\$T-Z\F	N. MINNIE, I LOWIDA 3	3181	
TITLE	D	DELETE	2 1 TITLE			Change Addition	
NAME	PERALES, JANET	23				L. Tomago [ ] Trasman	
STREET ADORESS			23\$1KE	LADDRESS			
CHTY-ST-ZIF	MIAMI FL 33125		2.4 CITY-	81-2(P	1		
TITLE	DELETE 3		3 1 1111.1			[   Change [   Addition	
NAME	RUBIO, GUSTAVO C III		3.2 NAME				
STREET ADDRESS	670 NE 121 ST.		3 3 STRE 8	1 ADDRESS			
C(TY-\$1-7)P	N. MIAMI FL 33181		3.4 CH Y-5	37-71P		,	
TITLE	D	[ ] DELETE	4.17111.6			Change Addition	
NAME	KORMAN, NINA E		4.2 NAME				
STREET ADDRESS	2022 NORTHEAST 121ST ROAD		1	1 ADDRESS			
CHY-ST-ZIF	N. MIAMI FL 33181	• •	4.4 Crt y-9	ST-ZIP			
TITLE	P	XI DELETE	5.1 TITLE			Change [   Addition	
NAME	GUTIERREZ, AVA		5.2 NAME				
STREET ADDRESS	2022 NORTHEAST 121ST ROAD			1 ADDRESS			
COY-ST-ZIP	N. MIAMI FL 33181	f 1	5.4 CITY-5	1.ZIP		Ei.	
TOLE	OODDILLO DEBBIE	[ DELETE	6 1 1/11 F			Change [ ] Addition	
NAVE STORETANDO: SC	GORDILLO, DEBBIE		6.2 NAME	LADDDECC			
AL AMARILES AND				LADDRESS			
14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							
SIGNATURE: MAN M. COMAIN THE SURVEY LEEK DE DIVIDING THE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER DE DIRECTOR							