


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

FILED  
Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000015743</b>					
1. Corporation Name <b>Del Gonzalez, Inc.</b>					
Principal Place of Business			Mailing Address		
<b>9002 Gospel Is Rd. INVERNESS, FL. 34450</b>					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		2-24-1993	
22. City & State		27. City & State		3a. Date of Last Report	
23. Zip		28. Zip		5-1-94	
24. Country		29. Country		4. FEI Number	
				59-3168452	
				Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>Del Gonzalez 9002 Gospel Is Rd. INVERNESS, FL. 34450 US</b>			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			FL		
			85. 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: <i>Del Gonzalez</i> DATE: 4-25-97					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE			1.1 TITLE		
P. Thomas Gonzalez			P. Del Gonzalez		
1.2 NAME			1.2 NAME		
9002 Gospel Is Rd.			9002 Gospel Is Rd.		
1.3 STREET ADDRESS			1.3 STREET ADDRESS		
INVERNESS, FL. 34450			INVERNESS, FL. 34450		
1.4 CITY-ST-ZIP			1.4 CITY-ST-ZIP		
VP Del Gonzalez			2.1 TITLE		
9002 Gospel Is Rd.			2.2 NAME		
2.1 TITLE			2.3 STREET ADDRESS		
2.2 NAME			2.4 CITY-ST-ZIP		
2.3 STREET ADDRESS			3.1 TITLE		
2.4 CITY-ST-ZIP			3.2 NAME		
3.1 TITLE			3.3 STREET ADDRESS		
3.2 NAME			3.4 CITY-ST-ZIP		
3.3 STREET ADDRESS			4.1 TITLE		
3.4 CITY-ST-ZIP			4.2 NAME		
4.1 TITLE			4.3 STREET ADDRESS		
4.2 NAME			4.4 CITY-ST-ZIP		
4.3 STREET ADDRESS			5.1 TITLE		
4.4 CITY-ST-ZIP			5.2 NAME		
5.1 TITLE			5.3 STREET ADDRESS		
5.2 NAME			5.4 CITY-ST-ZIP		
5.3 STREET ADDRESS			6.1 TITLE		
5.4 CITY-ST-ZIP			6.2 NAME		
6.1 TITLE			6.3 STREET ADDRESS		
6.2 NAME			6.4 CITY-ST-ZIP		
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I, the undersigned, 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 a officer or director of this 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: *Del Gonzalez* DATE: 4-25-97 DAYTIME PHONE: 352-344-2714

CR2E034 (9/96)