

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000048689 (2)**

1. Corporation Name

DELTA DISTRIBUTORS CORP.

Principal Place of Business

**8055 S.W. 89TH COURT
MIAMI FL 33173**

Mailing Address

**8055 S.W. 89TH COURT
MIAMI FL 33173**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

~~LORENZO, LEONOR~~
~~8055 S.W. 89TH COURT~~
~~MIAMI FL 33173~~

3. Date Incorporated or Qualified

07/13/1993

3a. Date of Last Report

01/23/1995

4. FET Number

65-0423972

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 income tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Lilia L. Varas

82 Street Address (P.O. Box Number is Not Acceptable)

8055 S.W. 89th COURT

83

84 City

MIAMI

FL

85 Zip Code

33173

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 607.0905, Florida Statutes.

SIGNATURE

Lilia L. Varas

Lilia L. Varas

8-13-96

12. OFFICERS AND DIRECTORS

1. TITLE ~~PDST~~ ☒ DELETE
2. NAME ~~LORENZO, LEONOR~~
3. STREET ADDRESS ~~8055 S.W. 89TH COURT~~
4. CITY-STATE-ZIP ~~MIAMI-FL~~

5. TITLE ☐ DELETE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE ☐ DELETE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

**PDST
VARAS, LILIA L.
8055 S.W. 89 COURT
MIAMI, FL 33173**

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lilia L. Varas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-96

305-273-0011

CR2E034 (12/96)