

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90021 044 \*\*\*150.00

DOCUMENT # P 93 000049409 (4)  
1. Corporation Name Delicar, Incorporated.

Principal Place of Business Mailing Address

4046 W. 12th Ave.  
Hialeah, FL. 33012

Same.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

7/9/93

4. FEI Number

65-0434034

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Delfina R. Vierra  
6177 N.W. 181st Terr. Cr.  
N. Miami Lakes, FL. 33015

81 Name Amarilys Carolina Bastardo  
82 Street Address (P.O. Box Number is Not Acceptable)  
6177 N.W. 181st Terr. Cr.  
83  
84 City North Miami Lakes FL 85 Zip Code 33015

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 *Amarilys Bastardo R.*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
President & Secretary	Delfina R. Vierra	6177 N.W. 181st Terr. Cr.	Miami, FL. 33015	<input checked="" type="checkbox"/>
Treasurer	Steve Vierra	6177 N.W. 181st Terr. Cr.	Miami, FL. 33015	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President & Secretary	Amarilys Carolina Bastardo	6177 N.W. 181st Terr. Cr.	Miami, FL. 33015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Delfina R. Vierra	6177 N.W. 181st Terr. Cr.	Miami, FL. 33015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice-President	Ascencion Segundo Primera	6177 N.W. 181st Terr. Cr.	Miami, FL. 33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE: *Amarilys Bastardo R.*

Signature typed or printed name of signing officer or director

4/28/99 (305) 827-3906

Date

Daytime Phone #

CR2E034 (11/98)