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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P93000049769 1. Corporation Name DELINA INC.

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90051 028 ***150.00

PELIM, I	INC.				
	•			# 1881 1881 118 18188 11811 AFRIC BRICK FRICE	8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Plac	ce of Business	Mailing Address	<u></u> -		CONTROL OF STATE OF THE STATE O
1515 S FLAGLI	ER DRIVE	1515 S FLAGLER DRIVE			
APT 604 APT 604					
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33		401	DO NOT WRITE IN:	THIS SPACE	
				3. Date Incorporated or Qualifed	
		1 222		07/12/1993	
2. Principal Place of Business 2a. Mailing Address		š	4. FEI Number	Applied For	
21		26	<u> </u>	65-0423402	Not Applicable
Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
22 27 City & State City & State		.		Fee Required	
	te .	— ´		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
				8. This corporation owes the current year	er Intangible □ Yes □ No
24	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New Register	
	9. Name and Address of Current		81 Name	IV. Hame and Advices of Hem Registe	
PAX	MAN, JOHN T ESQ	•			
1601 FORUM PL STE 801		82 Street Add	Idress (P.O. Box Number is Not Acceptable)		
505	SOUTH FLAGLER DRIVE, SUITE	1330	83	19 To 1 To	2
	ALM BCH FL 33401				2013年,2014年第一
			84 City	A RESIDENCE OF THE PROPERTY OF	85 Zip Code
2010 A 21 - A	the the partial of Continue CO7 0500	and CO7 1509 Florido Statuta	a the above second case	monetics and with this state want for the surror	C L.
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	es, the above-hamed cor	rporation submits this statement for the purpos	se of changing its registered
l Ollice of I	egistered agent, or both, in the State of	of Florida. Such change was at	ithorized by the corpora	ition's board of directors. I hereby accept the a	ppominent as registered (
ा Sagent. I a	im familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flor	ithorized by the corpora ida Statutes.	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	ım familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	m familiar with, and accept the obligati	and title if applicable. (NOTE:	ida Statutes. Registered Agent signature requi	irred when reinstating)	E 19 REGEREN
SIGNATURE	Im familiar with, and accept the obligation of t	and title if applicable. (NOTE:	ida Statutes. Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTORS IN 12
SIGNATURE 12: CFW) 6	Signature, typed or printed name of registered agent (\$4.2.3.) OFFICERS AND	ions of, Section 607.050S, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature requi	irred when reinstating)	E 19 REGEREN
SIGNATURE 12: ST 195 6 TITLE NAME	im familiar with, and accept the obligation of the state	ions of, Section 607.050S, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature requisits 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTORS IN 12
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SIGNATURE 12: EFF 10: 0 TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D HERLIHY, FRANCIS B 1515 S. FLAGLER DR., APT. 604 WEST PALM BEACH FL 33401	ions of, Section 607.050S, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature requited 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
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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: