

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000080520 (8)

1. Corporation Name

ADELIA INVESTMENTS CORP.



Principal Place of Business

Mailing Address

520 BRICKELL KEY DR  
SUITE 0-305  
MIAMI FL 33131

520 BRICKELL KEY DR  
SUITE 0-305  
MIAMI FL 33131

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 501 Brickell Key Drive

2a 501 Brickell Key Drive

4. FEI Number

65-0450538

Applied For

Not Applicable

22 Suite, Apt., #, etc.  
Suite 400

27 Suite, Apt., #, etc.  
Suite 400

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State  
Miami, Florida

28 City & State  
Miami, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip  
33131

25 Country  
U.S.A.

29 Zip  
33131

30 Country  
U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOSBARGAS, NELSON  
520 BRICKELL KEY DR  
SUITE 0-305  
MIAMI FL 33131

81 Name  
SLOSBARGAS, NELSON

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

501 Brickell Key Drive, Suite 400

83

84 City  
Miami,

FL

85 Zip Code  
33131

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

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

☐ DELETE

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARKALJI, CHARLES  
520 BRICKELL KEY DR SUITE 0-305  
MIAMI FL 33131

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
ARKALJI, CHARLES  
501 Brickell Key Drive, Suite 400  
Miami, Florida 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARKALJI, RAFI  
520 BRICKELL KEY DR SUITE 0-305  
MIAMI FL 33131

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
ARKALJI, RAFI  
501 Brickell Key Drive, Suite 400  
Miami, Florida 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Arkalji (Director) 4/5/96 374-0030

CR2E034 (12/95)