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PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 DEC -2 PH 3:16

DOCUMENT # P94000004750 (3)

1. Corporation Name

DELGADO PROPERTIES CORP.

SECRETARY OF STATE TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business 7600 WEST 20TH AVENUE #213 HIALEAH FL 33016 Mailing Address 7600 WEST 20TH AVENUE #213 HIALEAH FL 33016

3. Date Incorporated or Qualified 01/20/1994 3a. Date of Last Report 04/21/1995 4. FEI Number 65-0701257 APPLIED FOR 5. Certificate of Status Desired X \$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 intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 24 Zip Country 25 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent DELGADO, RENAN E 7600 WEST 20TH AVE. #213 HIALEAH FL 33016

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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] DATE 11/18/96

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT / D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE V. P. / D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE S / D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - 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)(b), Florida Statutes. 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 [Signature] DATE 11/1/96 (305) 558-6280

CR2E034 (12/95)