SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10: 1
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028556 (6)**

1. Corporation Name
DELMAR LIMITED ENTERPRISES, INC.

Principal Place of Business	Mailing Address
13335 S.W. 59TH TERRACE MIAMI FL 33183	13335 S.W. 59TH TERRACE MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 12921 SW 74 Street
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip 24 33183 Country 25 USA

2a. Mailing Address
26 12921 SW 74 Street
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip 29 33183 Country 30 USA

4. FEI Number — Applied For ☐ Not Applicable ☑

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. [illegible] ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RIVERO, JOSE J., ESQ.
2625 PONCE DE LEON BLVD.
SUITE 245
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE	DPST	11 TITLE	DPST	☑ Change ☐ Addition
NAME	CARDENAS, DELIO E	12 NAME	Cardenas, Delio E	
STREET ADDRESS	13335 S.W. 59TH TERR.	13 STREET ADDRESS	12921 SW 74 Street	
CITY ST ZIP	MIAMI FL 33183	14 CITY ST ZIP	Miami, FL. 33183	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 added by an attachment with an address.

SIGNATURE: Delio Cardenas 7-21-95 305-883-6087
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON DIRECTOR (Date) (Daytime Phone #)

0064465 CP