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

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

50141 (0)

2a. Mailing Address

City & State

28

Suite, Apt #, etc.

OCUMENT # P9400059141 (9)
DELTA ADLIABILIM, INC.

Principal Place of Business	Mailing Address
9905 SW 125 AVE	9905 SW 125 AVE.
MIAMI FL 33186	MIAMI FL 33186

officer or director of the corporation or the receiver or tru Block 12 or Block 13 if changed, or on an attachment

**SIGNATURE:** 

FILED
May 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

08/10/1994

65-0602881

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip		Country	Z₁p		_ Count	ry		8.	This corp	oration o	owes or i	has paid	the curr	ent ye	ar Inte	ngible	į
24		25	29	3	0				Personal					Yes		No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent																	
ELIAS, BLAS R 9905 S.W. 125TH AVE. MIAMI FL 33186					8	L	Name Street Add	tress (P.	.O. Box N	lumber is	Not Acc	ceptable	·)		·		-
THE STATE OF THE S	UNITE SO II	<b></b>			8	3											$\neg$
					8	4	City						FL	85	Zip C	ode	$\dashv$
office or r	egistered ac	ent, or both, in	s 607.0502 and 607.1508 the State of Florida Such the obligations of, Section	h change was aut	horized b	oy th	named cor he corpora	poration ation's b	submits oard of d	this stati irectors.	ement fo I hereby	r the pui accept	pose of	chang	ing its	registere egistered	đ
SIGNATURE							·										- 1
12.	Signature types		egistered agent and little if applications CERS AND DIRECTORS	ole (NOTE: F	lagislared A	geni	signature requ		reinstating) ADDITION	IE/CHAN	CEC TO	OFFICE	DATE	(NIDE/	TOP	2 IN 12	$\dashv$
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CITY-ST-ZIP	MIAMI F				2. 4 CITY												
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NAME	ELIAS, S	M AIVIE		_	3.2 NAME	:											ı
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NAME	ELIAS, T	ERESITA E			4. 2 NAM	E	i										- 1
STREET ADDRESS	6013 SV	/ 128 CT.			4.3 STREE	ET AD	DORESS										
CITY - ST - ZIP	MIAMI F	L 33183			4.4 CITY-	<u>\$1-7</u>	ZIP										
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NAME					5.2 NAME	Ξ											ſ
STREET ADDRESS	. 4 .				5.3 STREE	ET AD	ODRESS										
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CITY-ST-ZIP					6.4 CITY-												
14. I hereby of indicated officer or	certify that the on this annu- director of the	e information s all report or sur le corporation (	upplied with this filing do oplomental annual report or the receiver or trust	es not qualify for the state of	the exemate and the course this	ptio hat rer	n stated in my signatu port as rec	Section ure shall suired by	n 119.07( I have the v Chapte	3)(i), Flore same le r 607, Fik	ida Stati igal effec orida Sta	utes. I fu et as if m tutes; ar	rther cer nade und nd that m	tify tha ler oat ly nam	at the li h; that e app	nformatic I am an ears in	^ ]