SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

"AMENDED"
FILED
95 JUL -5 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000065880 (4)**

1. Corporation Name

DEALTECA INC.

Principal Place of Business	Mailing Address
4810 NW 7TH ST **LEALB FL 33126**	**4810 NW 7TH ST** **LEALB FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/08/1994**
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: **65-0519261**	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Electronic Filing Acknowledgment Email Address ☐	**$5.00** May Be Added to Fees
24 ZIP 25 County	29 ZIP 30 County	8. This corporation has elected for exemption (as defined in 1993 Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALONSO, ANTONIO **9351 SW 22ND TER** **MIAMI FL 33165**	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: _____ NEW Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. Add, Change, or Delete Officers or Directors	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, ANTONIO	1.2 NAME	
STREET ADDRESS	9351 SW 22ND TER	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33165	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CASANOVA, JOSE	2.2 NAME	
STREET ADDRESS	14101 CW 44TH ST	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33175	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is absolutely 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 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 above, or on an attachment with an address.

SIGNATURE: _____ Antonio Alonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/95 (305) 448-1065
Daytime Phone #

CR2E034 (3/95)

0034511 CP