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FILED

Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000074401 (8)

1. Corporation Name
R. DELAPLAINE P.A.

Principal Place of Business
1234 WASHINGTON AVENUE
SUITE 300
MIAMI BEACH FL 33139

Mailing Address
PO BOX 398537
MIAMI BEACH FL 33239
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1994

4. FEI Number
65-0526835

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 727 Lincoln Road

Suite, Apt. #, etc.

22 108

City & State
23 Miami Beach, FL

Zip
24 33139

Country
25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DELAPLAINE, R
301 OCEAN DRIVE #405
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name R. DELAPLAINE
82 Street Address (P.O. Box Number is Not Acceptable)
83 6641 BREVITY LANE
84 MIAMI BEACH

FL 85 Zip Code
33141

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 *R. DELAPLAINE*

1/20/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Fingerprint signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DELAPLAINE, RENEE
301 OCEAN DR 405
MIAMI BEACH FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DELAPLAINE, SOPHIE
1600 MICHIGAN AVE 1
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
RENEE DELAPLAINE
6641 BREVITY LANE
MIAMI BEACH FL 33141

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SOPHIE DELAPLAINE
9920 COLLINS AVE. #12
BAL HARBOUR FL 33154

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: RENEE DELAPLAINE

1/20/98

305-534-6008

CR2E034 (10/97)