

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

May 15 1997 8:00am
Secretary of State

1. Corporation Name **DELAD INTERNATIONAL, INC** DOCUMENT # **P94000079124**

Mailing Address **P.O. BOX 52-1223**
MIAMI, FL 33152-1223
Principal Place of Business

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **OCTOBER 26, 1994** 3a. Date of Last Report
4. FEI Number **65-0544234** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired **\$8.75 Additional Fee Requested** ☐
6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Mailing Address 2a. Principal Place of Business
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DELE OLADUNNI
6600 NW 27TH AVE
SUITE A-6
MIAMI, FL 33147

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(If a New Agent Accepting Appointment: (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS
11 TITLE **P**
12 NAME **OLADUNNI, DELE**
13 STREET ADDRESS **6600 NW 27TH AVE, SUITE A-6**
14 CITY-ST-ZIP **MIAMI, FL 33147**
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
DW
5-15-97
000002193850
-05/28/97--01102--050
*****165.00**

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/29/97** Date _____ Daytime Phone: _____