

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000089657 (8)**

1. Corporation Name

DELLPAZ, INC.



Principal Place of Business

**6752 FOREST HILL BLVD
GREENACRES FL 33413**

Mailing Address

**6752 FOREST HILL BLVD
GREENACRES FL 33413**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
04/07/1995

4. FE# Number

65-0542524

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, RICHARD J

**12765 FOREST HILL BLVD #1302 13833 WELLINGTON TRACE
WEST PALM BEACH FL 33414 SUITE E 14**

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 next to my signature (delete if not applicable)

(delete) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D PAZ, NAPOLEON**
STREET ADDRESS **7620 76 WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33409/7**

TITLE ☐ DELETE
NAME **D PAZ, TANIA**
STREET ADDRESS **7620 76 WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33409/7**

TITLE ☐ DELETE
NAME **DELLAQUILA, ANTHONY**
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 ☐ Change ☒ Addition
1.2 NAME **D DELLAQUILA, ANTHONY**
1.3 STREET ADDRESS **2111 BRANDYWINE ROAD APT 514**
1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D DELLAQUILA, RENATE**
2.3 STREET ADDRESS **2111 BRANDYWINE ROAD APT 514**
2.4 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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 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 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:

Napoleon Paz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAPOLEON PAZ Director

(407) 433-1205

D.P.

Daytime Phone #

CR2E034 (12/95)