

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

FILED

Apr 08 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33413-3321**



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|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/12/1994 | 3a. Date of Last Report 04/16/1996 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0542524 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | 30 | Country | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| PAUL, RICHARD J 13833 WELLINGTON TRACE STE E-14 WEST PALM BEACH FL 33414 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 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 name of registered agent, and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|-----------------------|
| TITLE | D | 1.1 TITLE | D |
| NAME | PAZ, NAPOLEON | 1.2 NAME | PAZ, NAPOLEON |
| STREET ADDRESS | 7620 76 WAY | 1.3 STREET ADDRESS | 51 SEABREEZE AVE |
| CITY - ST - ZIP | WEST PALM BEACH FL | 1.4 CITY - ST - ZIP | DELRAY BEACH FL 33483 |
| TITLE | D | 2.1 TITLE | D |
| NAME | PAZ, TANIA | 2.2 NAME | PAZ, TANIA |
| STREET ADDRESS | 7620 76 WAY | 2.3 STREET ADDRESS | 51 SEABREEZE AVE |
| CITY - ST - ZIP | WEST PALM BEACH FL | 2.4 CITY - ST - ZIP | DELRAY BEACH FL 33483 |
| TITLE | D | 3.1 TITLE | |
| NAME | DELL'AQUILA, ANTHONY | 3.2 NAME | |
| STREET ADDRESS | 2111 BRANDYWINE ROAD, APT 514 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | W PALM BCH FL | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | DELL'AQUILA, RENATE | 4.2 NAME | |
| STREET ADDRESS | 2111 BRANDYWINE ROAD, APT 514 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | W PALM BCH FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)