

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

bf2

1999 2000

DOCUMENT # P94000094017

Corporation Name
DELAD PERSONNEL INC.

Principal Place of Business

Mailing Address

BOX 52-1223
FL 33152-1223

PO BOX 52-1223
MIAMI FL 33152-1223

FILED
00 JUL 13 AM 11:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

FOLASHADE OLADUNNI
6600 N.W. 27TH AVENUE
SUITE A-6
MIAMI FL 33147

3. Date Incorporated or Qualified

12/30/1994

4. FEI Number

65-0565568

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 the current year intangible
Personal Property Tax

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name FOLASHADE OLADUNNI
82 Street Address (P.O. Box Number is Not Acceptable)
6600 NW 27th Ave
83 SUITE A 4
84 City MIAMI FL 85 Zip Code 33147

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	FOLASHADE OLADUNNI	
STREET ADDRESS	6600 NW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800003337938--1
2.3 STREET ADDRESS	-07/27/00--01007--019
2.4 CITY-ST-ZIP	****150.00 ****150.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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, 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 09 2000 (305)691-5772

202

JUNE 12,2000

FROM: DELAD PERSONNEL,INC
6600 NW 27 AVENUE
SUITE A 6
MIAMI, FL 33147

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O.BOX 6327
TALLAHASSEE, FL 32314

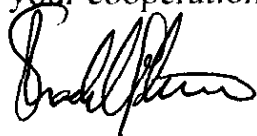
RE: YEAR 2000 ANNUAL REPORT FOR DELAD PERSONNEL

Dear sir,

Since, we did not receive the year 2000 annual report form, we decided to use one of the old one we have to file the annual report for Year 2000. Attached with this form is the amount for \$150.00.

Thanks for your cooperation.

Sincerely.

A handwritten signature in black ink, appearing to be "D. J. [unclear]", written over the word "Sincerely."