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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500001114 (4)

DELTECH COMPUTERS, INC.

Principal Place of Business

7135 SW 152ND CT

Mailing Address

7135 SW 152ND CT

## **FILED** Mar 04 1997 8:00am Secretary of State



| MIRMI PL 33160                     | •   | MINMI I E 00100 1000              |                                   | · ·   | •                                  |
|------------------------------------|---|-----------------------------------|-----------------------------------|---|------------------------------------|
|                                    |   |                                   |                                   | 3. Date Incorporated or Qualified 01/05/1995          | Sa. Date of Last Report 01/29/1996 |
|                                    | ace of Business   | 2a. Mailing Address               |                                   | 4. FEI Number   | Applied For                        |
| 21 7450                            | s.w. 132nd Ave  |                                   | 1. 132nd Au                       | <b>★</b> 65-0545240                                   | Not Applicable                     |
| Suite, Apt 4                       | ii, etc.  | Suite, Apt. #, etc.               |                                   | 5. Certificate of Status Desired                      | S8.75 Additional Fee Required      |
| City & State                       | )   | City & State                      |                                   | 6. Election Campaign Financing                        | \$5.00 May Be                      |
| 23 mix                             | 4mi, Fl.  | 28 miami,                         | F).                               | Trust Fund Contribution                               | Added to Fees                      |
| Zip                                | Country   | Zip                               | Country                           | 8. This corporation has liability for in              | ntangible tax under s. 199.032,    |
| 24 331                             | 83 [25]   | 29 33183 30                       | 0                                 |   | Yes No                             |
|                                    | 9. Name and Address of Current  |                                   |                                   | 10. Name and Address of New Reg                       | latered Agent                      |
| DELGADO, JUAN CARLOS 81            |   |                                   |                                   | me  |                                    |
| 7135 SW 152ND CT<br>MIAMI FL 33193 |   |                                   | 82 Stroot Adde                    | 82 Street Address (P.O. Box Number is Not Acceptable) |                                    |
|                                    |   |                                   | Silber Addr                       | Street Address (1.0. box Horrisch is Not Accordance)  |                                    |
|                                    |   |                                   | B3                                |   |                                    |
|                                    |   |                                   | 24 05                             |   | 85 Zip Code                        |
|                                    |   |                                   | 84 City                           |   | FL 85 Zip Code                     |
| 11. Pursuant t                     | a the provisions of Sections 607 0502   | and 607,1508. Florida Statutes.   | the above-named corp              | poration submits this statement for the pr            | rpose of changing its registered   |
| office or m                        | egistered agent, or both, in the State on familiar with, and accept the obligat | if Florida. Such change was aut   | horized by the corporat           | tion's board of directors. I hereby accep             | t the appointment as registered    |
| SIGNATURE                          | Sogramme Typo gloc protect name of registered agent                             | and title if applicable (NOTE: F  | Registered Agent signature requir | red when reinstating)                                 | DATE                               |
| 12.                                | OFFICERS AND  |                                   | 13.                               | ADDITIONS/CHANGES TO OFFICE                           | ERS AND DIRECTORS IN 12            |
| TITLE                              | DPT   | DELETE                            | 1.1 TiTLE                         |   | Change Addition                    |
| NAME                               | DELGADO, JUAN CARLOS  |                                   | 1.2 NAME                          |   |                                    |
| STREEL ADDRESS                     | 7135 SW 152ND CT  |                                   | 1,3 STREET ADDRESS                |   |                                    |
| City-St-2iP                        | MIAMI FL 33193  |                                   | 1.4 City-ST-ZiP                   |   |                                    |
| TRLE                               | DVS   | DELETE                            | 2.1 TITLE                         |   | Change Addition                    |
| NAME                               | DELGADO, ESPERANZA M  | <b>_</b>                          | 2.2 NAME                          |   | <b>-</b>                           |
| l i                                | 7135 SW 152ND CT  |                                   | 2.3 STREET ADDRESS                |   |                                    |
| STRELT ADDRESS                     | MIAMI FL 33193  |                                   |                                   |   |                                    |
| CHY-ST-ZIP                         | MINNI I C 00 190  | DELETE                            | 2.4 CITY-ST-ZIP<br>3.1 TITLE      | ······································                | Change Addition                    |
| TIME                               |   | L., beter                         |                                   |   | LLI Stidings                       |
| NAME                               |   |                                   | 3.2 NAME                          |   |                                    |
| STREET ADDRESS                     |   |                                   | 3.3 STREET ADDRESS                |   |                                    |
| CITY-ST-ZIP                        |   | LIDELETE                          | 3.4. CITY-ST-ZIP                  |   | Change Addition                    |
| TITLE                              |   | ☐ DELETE                          | 4.1 TITLE                         |   | Change Addition                    |
| NAME                               |   |                                   | 4. 2 NAME                         |   |                                    |
| STREET ADORESS                     |   |                                   | 4.3 STREE1 ADDRESS                |   |                                    |
| GHY-\$1-ZIF                        |   | T-1 22, 222                       | 4.4 CITY - ST - ZIP               |   | Charac Addition                    |
| THEF                               |   | DELETE                            | 5.1 TITLE                         |   | Change  Addition                   |
| NAME                               |   |                                   | 5.2 NAME                          |   |                                    |
| STREET ADDRESS                     |   |                                   | 5.3 STREET ADDRESS                |   |                                    |
| DITY ST-722                        |   |                                   | 5.4 CITY - ST - ZIP               |   |                                    |
| HILE                               |   | ☐ DELETE                          | 61 TITLE                          |   | Change Addition                    |
| NAME                               |   |                                   | 62 NAME                           |   |                                    |
| STREET ADDRESS                     |   |                                   | 63 STREET ADDRESS                 |   |                                    |
| City+St+ZiP                        |   |                                   | 64 CITY-ST-ZIP                    |   |                                    |
| 14. Ldo herel                      | by certify that the information supplied  | with this filing does not qualify |                                   | d in Section 119.07(3)(i), Florida Statutes           | s. 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.