

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P-95000004018

1. Corporation Name

DELLPAZ EAST, INC

Principal Place of Business

Mailing Address

2617-D OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

2. Principal Place of Business

2a. Mailing Address

21 2617-D OKEECHOBEE BLVD 26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 WEST PALM BEACH, FL 27

City & State

23 WEST PALM BEACH, FL 28

Zip

Country

Zip

Country

24 33409 25 PALM BEACH 29

City & State

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

RICHARD F. PAULL
13833 WELLINGTON TRACE
SUITE E-14
WELLINGTON, FL 33414

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME PAZ, NAPOLEON
STREET ADDRESS 7620 76 WAY
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D
NAME PAZ, TANIA
STREET ADDRESS 7620 76 WAY
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE ☐ DELETE
NAME
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

☐ Change

☒ Addition

1.1 TITLE D
1.2 NAME DELL'AQUILA, ANTHONY
1.3 STREET ADDRESS 2111 BRANDYWINE ROAD APT 514
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

2.1 TITLE D
2.2 NAME DELL'AQUILA, 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 900001802418
5.2 NAME -05/01/96--01012--036
5.3 STREET ADDRESS ***200.00
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIRECTOR

NAPOLEON PAZ

4/22/96

(407)

684-8561

CR2E034 (12/95)