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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000034495 (8)

D.L.O. INVESTMENTS INC.

DE LA OSA, ANTI	Country	28. Mailing Add 26 Suite, Apt. # 27 City & State 28	-5325 iress				3. Date Incorporated or Qualified 05/03/1995 4. FEI Number			leport		
Spite, Apt. #, etc.  Spite, Apt. #, etc.  City & State  7/p  7/p  9. Name an  DE LA OSA, ANTI		26 Suite, Apt. # 27 City & State 28	, etc.		<del>-</del>		05/03/1995			leport		
1   Suite, Apt. #, etc. 2   City & State 3   Zip   25   9. Name an DE LA OSA, ANTI		26 Suite, Apt. # 27 City & State 28	, etc.				4. FEI Number			3a. Date of Last Report 04/20/1996		
Suite, Apr. #, etc. 2 City & State 3 Zip 2 9. Name an	Country	Suite, Apt. # 27 City & State 28					OF 0504430			oplied For		
City & State  Zip 25 9. Name an	Country	27   City & State   28					65-0581473			ot Applicabl		
City & State    7	Country	City & State			•	1	5. Certificate of Status Desired			Additional equired		
7 (p 1] 25 9. Name an DE LA OSA, ANTI	Country						6. Election Campaign Financing			May Be		
9. Name en DE LA OSA, ANTI	Courting	7.6		T Cou	mbo.		Trust Fund Contribution	<u> </u>		to Fees		
9. Name an DE LA OSA, ANTI		Ζ(ρ <b>29</b>		30	nuy	İ	<ol><li>This corporation has liability to Florida Statutes</li></ol>	r intangible 🎇 Yes 🏻 [		199.032,		
	d Address of Curre	rent Registered Agent			<u></u>	10. Name and Address of New Registered Agent						
	RO	7111. 31. 111.			81 Nan	ne						
8721 S.W. 43RD				ł	82 Stre	et Addres	s (P.O. Box Number is Not Accept	able)				
MIAMI FL 33165										<del>,</del>		
					83							
				}	84 City	·			<b>85</b> Zip	Code		
	of Continue Control	02 and 607 4500 Flor	rido Ptotu	des the et	1	ad career	ation submits this statement for the	FL	abanaina i	te registere		
office or registered agent	or both, in the Stat	e of Florida. Such cha	nge was	authorized	d by the c	crporation	ation submits this statement for the n's board of directors. I hereby acc	ept the app	ointment as	registered		
agent Lantifamiliar with,	and accept the obit	gations of, Section 607	7.0505, FI	iorida Stati	utes.							
SIGNATURE Standard typed or i	nnted name of registered a	gent a sil tale if applicable	(NO	If Registered	d Agent signa	rure required	when reinstaring)	DÁTE				
		ND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12		
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oty-sezie 📗 <b>miami fl. 3</b>	3165			1.4 CI	TY-ST-ZIP							
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CHY: \$1-76		and cold the form			TY-ST-ZIP		n Section 119.07(3)(i), Florida Statu	400 14 who	continues of	tho		