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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P95000057317

1. Corporation Name
 DLT FLAMINGO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 730 NORTH WEST 107TH AVENUE SUITE 214 MIAMI FL 33185
 Mailing Address: 730 NORTH WEST 107TH AVENUE SUITE 214 MIAMI FL 33185

3. Date Incorporated or Qualified: 07/25/1995
 4. FEI Number: 65-0601721
 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

2. Principal Place of Business: 21 1413 20th St. Suite, Apt. #, etc. 111
 2a. Mailing Address: 26 P.O. Box 398721 Suite, Apt. #, etc.
 23. City & State: MIAMI BEACH, FL
 24. Zip: 33139 Country: USA
 25. USA
 27. City & State: MIAMI BEACH FL
 28. MIAMI BEACH FL
 29. Zip: Country: USA
 30. USA

9. Name and Address of Current Registered Agent
 DE LA TORRE, CARLOS
 730 N.W. 107TH AVENUE-SUITE 214
 MIAMI FL 33172

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): 1413 20th St.
 83 # 111
 84 City: MIAMI BEACH FL 85 Zip Code: 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA TORRE, CARLOS	1.2 NAME	
STREET ADDRESS	730 NORTH WEST 107TH AVENUE, SUITE 214	1.3 STREET ADDRESS	1413 20th St. # 111
CITY-ST-ZIP	MIAMI FL 33185	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA TORRE, ROSA M	2.2 NAME	
STREET ADDRESS	730 N.W. 107TH AVE-SUITE 214	2.3 STREET ADDRESS	1413 20th St. # 111
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 4/8/99 (305) 604 8113
 Date Daytime Phone #

CR2E034 (1/1/98)