

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P-95000070898**
1. Corporation Name
DELLPAZ NORTH, INC.

Principal Place of Business Mailing Address
**4210 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business 2a. Mailing Address
21 **4210 NORTHLAKE BLVD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **PALM BEACH GDNS, FL** 28
Zip Country Zip Country
24 **33410** 25 **PALM BEACH** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
4. FEI Number **65-0607558** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**RICHARD F. PAULL
13833 WELLINGTON TRACE
SUITE E-14
WELLINGTON, FL 33414**

10. Name and Address of New Registered Agent
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
NAME **D NAPOLEON PAZ**
STREET ADDRESS **7620 76 WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

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

2.1 TITLE
2.2 NAME **D DELL'AQUILA, RENATE**
2.3 STREET ADDRESS **2111 BRANDYWINE ROAD**
2.4 CITY-ST-ZIP **APT 514 WEST PALM BEACH, FL 33409**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Napoleon Paz Director **NAPOLEON PAZ** 4/22/96 (407) 433-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)