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

Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name P95000070898 (8) DELLPAZ NORTH, INC. Principal Place of Business Mailing Address 4210 NORTHLAKE BLVD 51 SEARREEZE AVE PALM BEACH GARDENS FL 33414 DELRAY BCH FL 33483 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 65-0607558 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žiρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAULL, RICHARD J 13833 WELLINGTON TRACE Street Address (P.O. Box Number is Not Acceptable) **B2** SUITE E-14 83 **WELLINGTON FL 33414** Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod in printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE PAZ, NAPOLEON 1.2 NAME NAME STREE! ADDRESS 51 SEABREEZE AVE 1.3 STREET ADDRESS DELRAY BCH FL CITY - ST - ZIP 1.4 City-St-ZiP DELETE Addition Change TITLE 21 TITLE NAME PAZ, TANIA 22 NAME 51 SEABREEZE AVE STREET ADDRESS 2.3 STREET ADDRESS DELRAY BCH FL CITY-ST-Z#P 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **DELL-AQUILA, RENATE** NAME 3.2 NAME 2111 BRANDYWINE RD APT 514 STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE **DEL-AQUILA, ANTHONY** NAME 4. 2 NAME 2111 BRANDYWINE RD APT 514 STREET ADDRESS 4.3 STREET ADDRESS WEST PALM BEACH FL 33409 4.4 CITY-ST-ZIP CITY - ST - ZIP Change TITLE DELETE 51 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

**FILED** 

Block 12 or Block 13 if changed, or on an attac NAPOLEON PAZ SIGNATURE:

64 CITY-ST-ZIP 14. Thereby 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 13 if chapter 60 and the corporation or the receiver of the corporation of th

CITY - ST - ZIP