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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000093613 (4)

DELTA SERVICES, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address  1901 N.W. 42ND STREET 1901 N.W. 42ND STREET OAKLAND PARK FL 33309 OAKLAND PARK FL 33309								
					3. Date Incorporated or Qualified 12/08/1995	3a. Date o		port
·	I Place of Business 2a. Mailing Address 26				4. FEI Number 65-0627820	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired     S8.75 Addition     S8.75 Addition			
22 City & Ctot		27	City & State				Fee Re	
City & State	t:		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added I	
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for it	intangible tax	under s.	
	9. Name and Address of Curre	nt Registered Agent	15-1		10. Name and Address of New Re			
	ERITO, VICTOR		81	Name				
1901 N.W. 42ND ST. OAKLAND PARK FL 33309			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
UAI	ALAMU PANN PL 33308	•	83					
			84	City		FL	5 Zip (	Code
SIGNATURE					rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of chapter the appoint	anging its	s registered registered
Signature, typed or punted name of registered agent and title if applicable  12. OFFICERS AND DIRECTORS			TE: Registered Age	int signalure requ	ulied when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DECTOR	C IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/OFFAGES TO OFFIC		Change	Addition
NAME	RIBEIRO, VICTOR		1.2 NAME				•	_
STREET ADDRESS	1901 N.W. 42ND ST.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL 33309	·····	1.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	21 TITLE	1			Change	Addition
NAME			2.2 NAME					}
STREET ADORESS			2 3 STREET		•			
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY - 9 3.5 TITLE	51 · ZIP			Change	Addition
NAME			3.2 NAME			<del>\</del>		
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			·····	
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME OFFICE ADDRESS			4. 2 NAME					
STREET ADDRESS CITY-ST-ZIP			4.3 STREET 4.4 C/TY+S	1				
TITLE		DELETE	5.1 TITLE	1 - E.II			Change	Addition
NAME			5.2 NAME			<del></del>	•	
STREET ADDRESS		•	5.3 STREET	ADDRESS				
CHTY-ST-ZIP			5 4 CITY - S	T-ZIP		<del></del>		
TITLE		☐ DELETE	61 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			A 2 CTORET	ANNDECC I				

14. I do 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.