

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000093613

1. Corporation Name

DELTA SERVICES, INC.

Principal Place of Business

1901 N.W. 42ND STREET
OAKLAND PARK FL 33309

Mailing Address

1901 N.W. 42ND STREET
OAKLAND PARK FL 33309

2. Principal Place of Business

21 1300 S ANDREWS AVE

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Pompano Beach FL

City & State

28

Zip

24 33069

25 USA

29

30

9. Name and Address of Current Registered Agent

RIBERITO, VICTOR
1901 N.W. 42ND ST.
OAKLAND PARK FL 33309

81 Name CARLOS SILVA
82 Street Address (P.O. Box Number is Not Acceptable)
4137 NW 19 TERRACE
83
84 City OAKLAND PARK FL 85 Zip Code 33309

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

Carlos Silva

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/26/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, CARLOS		
STREET ADDRESS	4137 NW 19 TERRACE		
CITY-ST-ZIP	OAKLAND PARK FL 33309		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
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: Carlos Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90079 009 ***150.00

0287525



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1995

4. FEI Number

65-0627820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/98)